

Initiated: 12/10/82
Reviewed/revised: 2/16/11
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ADMINISTRATION
OF MEDICATION**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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POLICY: An Emergency Medical Technician is authorized to administer prescription and controlled medications and possess needles, syringes and administration devices as outlined by Chapter HFS 110 of the Wisconsin Administrative Code. The authorization is only valid when the EMT is on duty, assigned to a fire department emergency response vehicle under the direction and medical control of the Milwaukee County EMS Medical Director.

- A minimum of two paramedics are required to be present at the scene to practice at the paramedic level.
- If a single paramedic is assigned to a Paramedic First Response vehicle, that paramedic may practice to the level of an EMT-Intermediate as outlined in Chapter HFS 110 of the Wisconsin Administrative Code.
- All medications will be administered and documented as outlined in system policy.
- Federally controlled medications will be tracked as outlined in system policies and procedures.

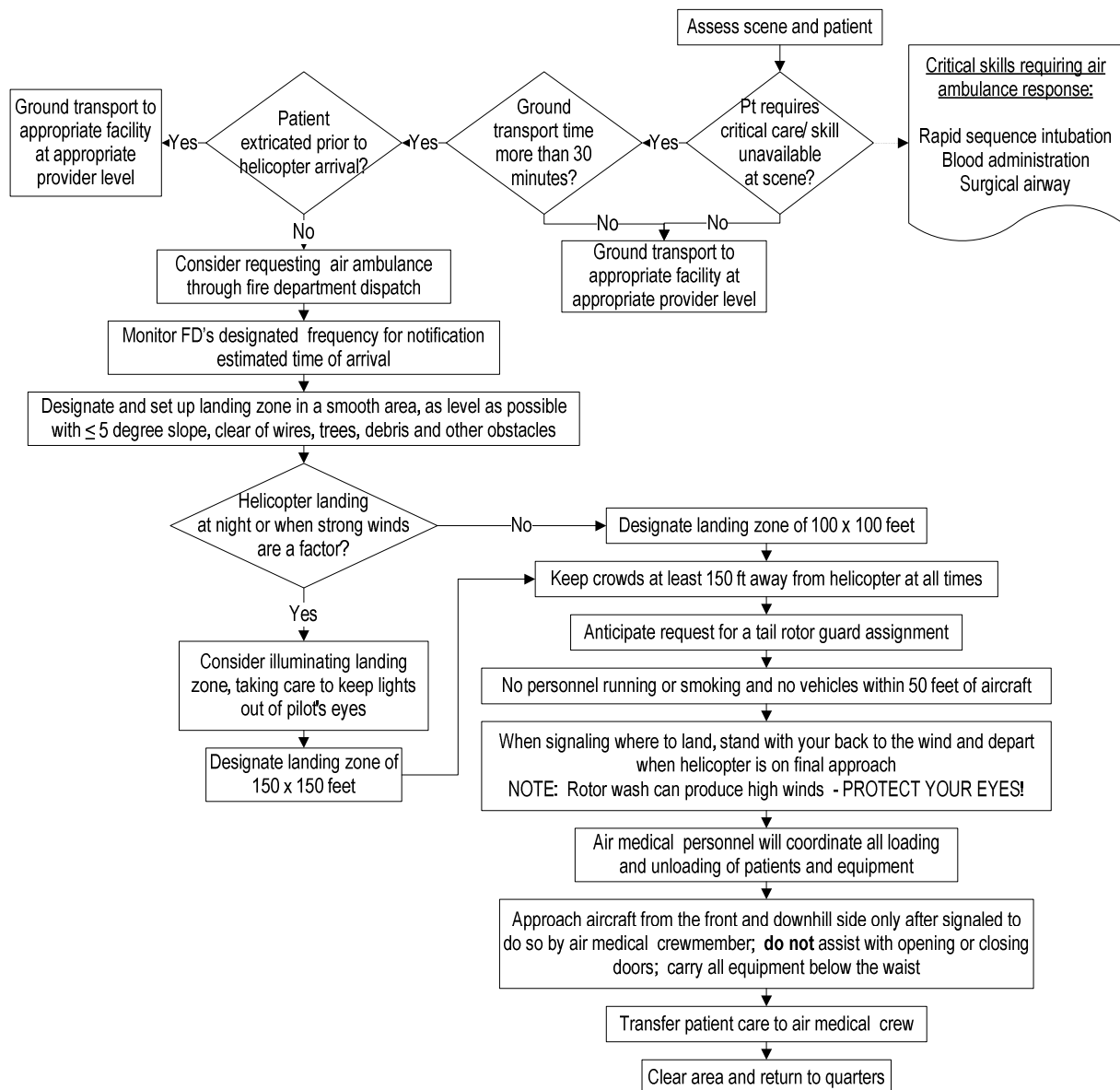
Initial: 5/16/01
Reviewed/revised: 7/1/11
Revision: 2

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
AIR AMBULANCE REQUESTS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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POLICY: Air ambulance transportation should be considered when emergency medical personnel have evaluated the individual circumstances and have found:

- Critical care equipment and/or personnel not available at the scene is needed to adequately care for the patient before and/or during transport (i.e. compromised airway, blood transfusion) **AND** ground transport time will be greater than 30 minutes,
- **OR** patient requiring advanced intervention is not expected to be extricated until after helicopter arrival on scene.



NOTES:

- FFL response time is approximately 20 minutes from request to arrival at scene within Milwaukee County.
- For air medical response to an MVC, no fire hose line is required.

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EMS COMMUNICATIONS
NOTIFICATION**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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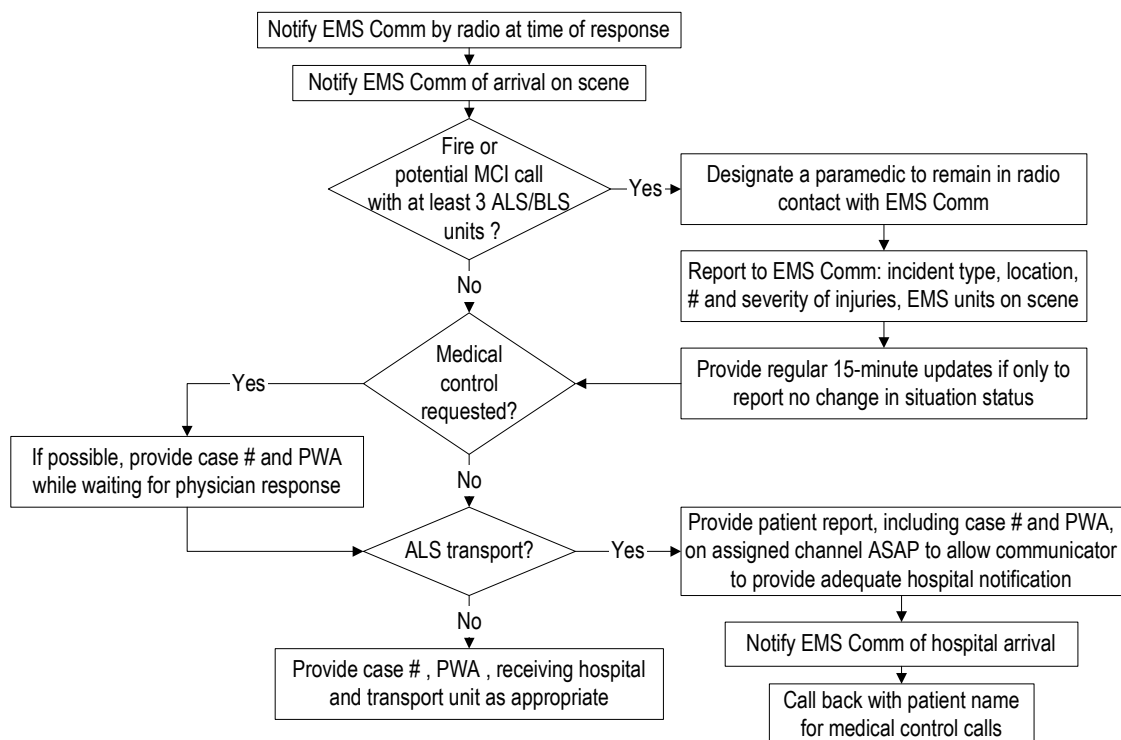
POLICY: Upon dispatch, a unit staffed as a dedicated ALS or as an ALS/BLS unit will contact the Milwaukee County EMS Communications Center by radio. Contact with medical control is to be made for medical orders not covered by protocol.

Paramedics may request medical control for advice in unusual circumstances e.g. refusal of care/transport, or when uncomfortable with or unsure of treatment options. ALS or ALS/BLS units transporting a patient without on-line medical control will provide appropriate medical information about the patient to the Communications Center for relay to the receiving facility. When paramedics need medical control or are ready to provide a report during transport, a frequency should be requested.

The ALS or ALS/BLS unit will notify the Communications Center of the disposition of the call, the patient's report number and primary working assessment for every patient assessed, regardless of transport disposition.

ALS or ALS/BLS units responding to a fire call or potential mass casualty incident will notify the Communications Center and remain on the call-in channel unless otherwise directed by a communicator. If three or more ALS or ALS/BLS units are dispatched to a single event, one of the paramedics on scene will be designated to contact EMS Communications with the following information:

- Type of incident
- Location of incident
- # and severity of injuries
- ALS or ALS/BLS units on scene
- The designated unit personnel will provide updates at regular 15-minutes intervals, if only to report no change in situation status.



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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
BENCHMARKS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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POLICY: Biennial benchmarks have been defined and established to assure that each provider has the opportunity to adequately perform and maintain proficiency in their skills. Benchmarks will be used to assist the EMS Medical Director in evaluating the performance and expertise of the system providers.

Benchmark tracking will begin at the time of licensure and will cover a specific 2-year period.

Benchmark reports will be generated semi-annually and distributed to each active provider. This will enable providers to self-monitor the status of their benchmarks.

Benchmarks will be collected internally from the EMS database. The Medical Director will also accept validated documentation of outside benchmarks on a case-by-case basis.

Any active full- or limited-practice provider not meeting the biennial benchmarks will be required to demonstrate competency in the skills where they fall short of their benchmarks to maintain practice privileges. Special Reserve paramedics are strongly encouraged to maintain their benchmarks.

Questions regarding the accuracy of a provider's benchmarks should be forwarded to the Quality Manager for review.

Criteria definition and requirements:

Event	Definition	24 Month Benchmark	
		Paramedic	IV-Tech
Patient contact	Each provider on scene is credited with one patient contact.	320	180
Team leader / Report writer	Acquires the patient's history, documents and directs overall scene care.	70	24
Endotracheal intubation	Successful placement, oral or nasal route	2	0
Intravenous start	Successful placement, peripheral or external jugular location	36	36
Medication administrations	By any route: IV, IO, IM, IN, ET, oral, aerosol, rectal	70	31
12-lead ECG	Successful acquisition, interpretation, and transmission of a 12-lead ECG to the MC EMS Communications Center	32	0

IV= Intravenous; IO= Intraosseous; IM = Intramuscular; IN = Intranasal; ET= Endotracheal; ECG = Electrocardiogram

Initiated: 2/13/08
Reviewed/revised: 5/21/08
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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
CONDUCTED ENERGY
DEVICES PATIENTS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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POLICY: Milwaukee County EMS providers will apply usual Standards of Care, Medical Protocols, Standards for Practical Skills, and Operational Policies set forth by Milwaukee County EMS to patients who have been subjected to the use of a conducted energy devices (also known variably as “conducted energy weapon”, “electric control device”, “electronic restraint”, “tazer”, “taser”, or “stun gun”).

- I. Need for Medical Evaluation
 - A. Available scientific evidence suggests that not all patients subjected to a conducted energy device will require an EMS evaluation.
 - B. If requested/called by law enforcement, EMS providers will conduct a patient evaluation applying usual standards of care, protocols, skills, and policies.
- II. Need for Transport to Receiving Hospital
 - A. Available scientific evidence suggests that not all patients subjected to a conducted energy device will require hospital evaluation.
 - B. Patients will be transported if any of the following situations apply:
 1. Any patient age 12 years or younger
 2. Pregnant patients greater than or equal to 20 weeks in gestation
 3. Any abnormality of vital signs (see Standard of Care – Normal Vital Signs, with the exception that adult blood pressure of over 160/100 or below 100/70 is considered abnormal in these circumstances)
 4. Use of more than 3 device shocks on a patient
 5. Barbs that have hit in the following areas
 - i. Eyes/Orbits
 - ii. Neck
 - iii. Genitalia
 6. Significant trauma or mechanism of injury related to events before, during, or after device application (e.g. falls, MVC)
 7. Burns, if greater than mild reddening of the skin between the barbs
 8. Barbs that cannot be removed using usual methods (refer to Standards of Care – Conducted Energy Device Barb Removal)
 9. Persistent agitated behavior that is not responsive to verbal de-escalation
 10. History of coronary disease, CHF, cardiac arrhythmias, or AICD/pacer
 11. Other abnormal or unusual signs or symptoms persisting after shock (for example, numbness, paralysis, shortness of breath, chest pain, dizziness, loss of consciousness, profuse sweating, or others)
 - C. Patients will also be transported if, in the judgment of EMS or law enforcement, further evaluation is warranted.
 - D. Transport can occur at the level deemed appropriate by on-scene EMS personnel (follow usual protocols for BLS versus ALS level transport).

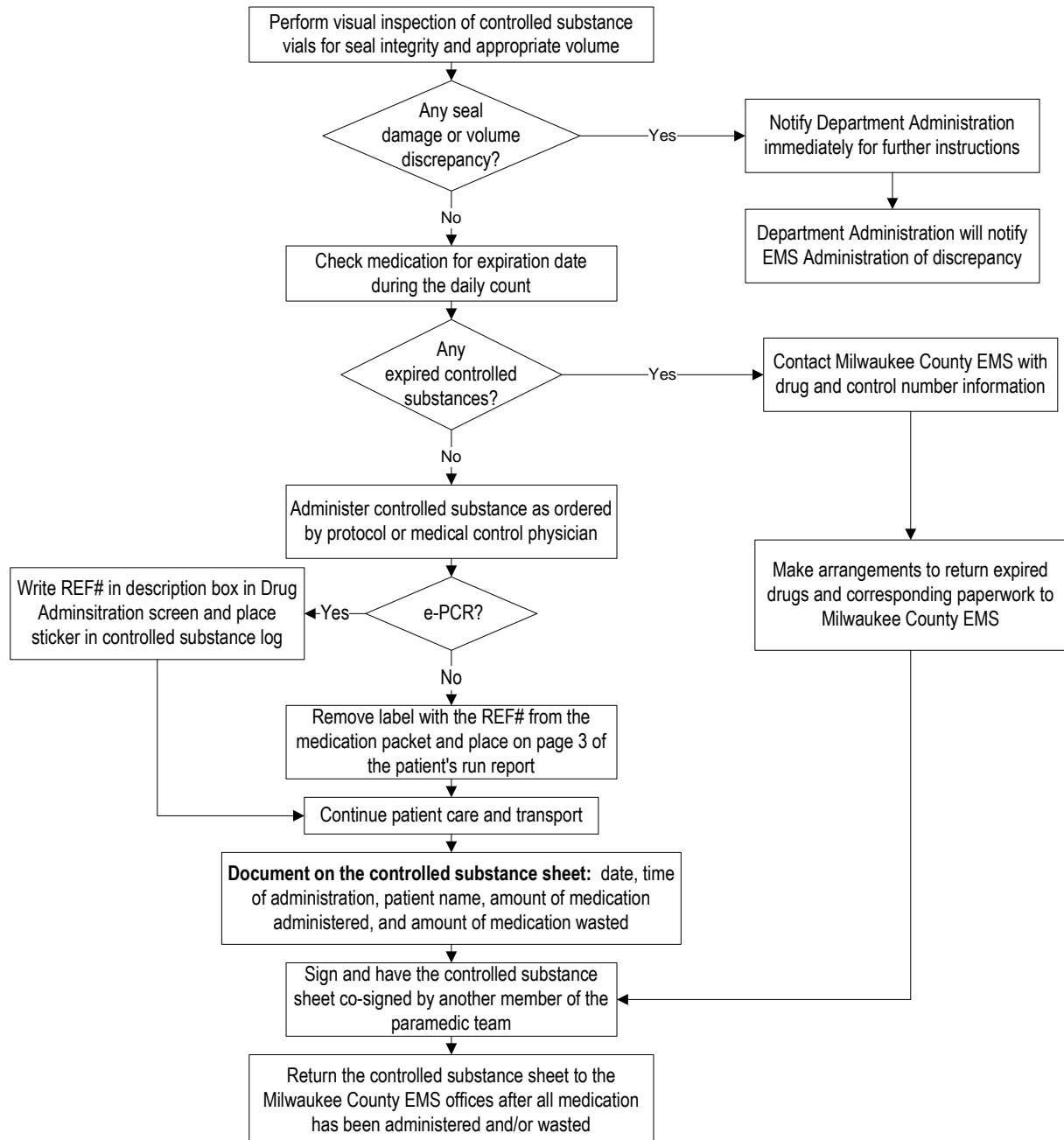
Initiated: 2/27/02
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Revision: 4

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
CONTROLLED SUBSTANCE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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DOCUMENTATION AND INSPECTION

POLICY: Administration of controlled substances will be uniformly documented to accurately reflect usage and waste. Controlled substances will be visually inspected for seal damage and volume discrepancies.



NOTES:

- MC EMS will perform routine visual checks as well as auditing each MED unit to assure documentation is complete and accurate.
- Records will also be reconciled with the FMLH pharmacy at the end of the year.

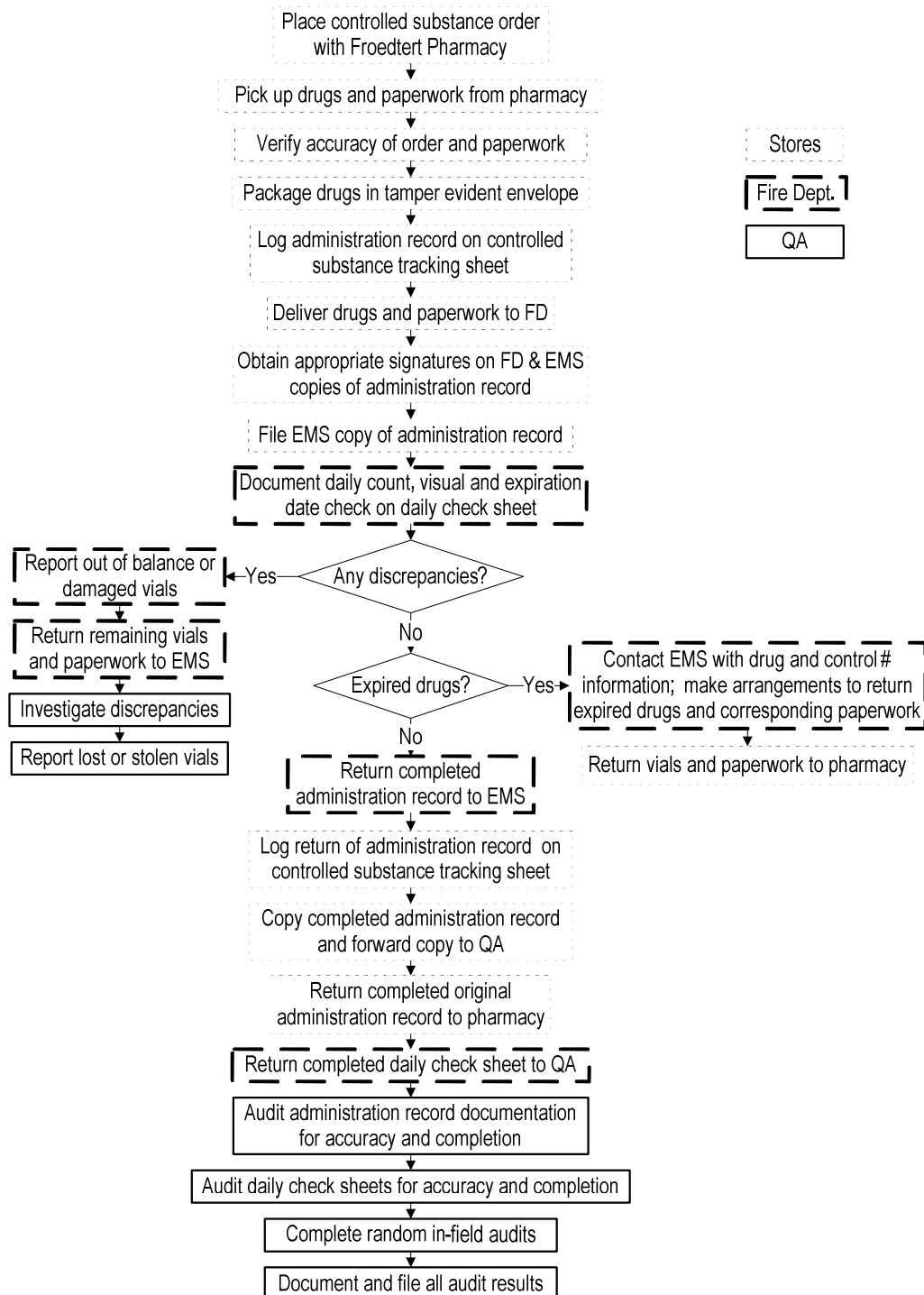
Initiated: 2/16/10
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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
CONTROLLED SUBSTANCE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
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MANAGEMENT BY AREA OF RESPONSIBILITY

POLICY: Management of controlled substances within the Milwaukee County EMS system is a collaborative effort of several system stakeholders to ensure compliance with system and federal standards.

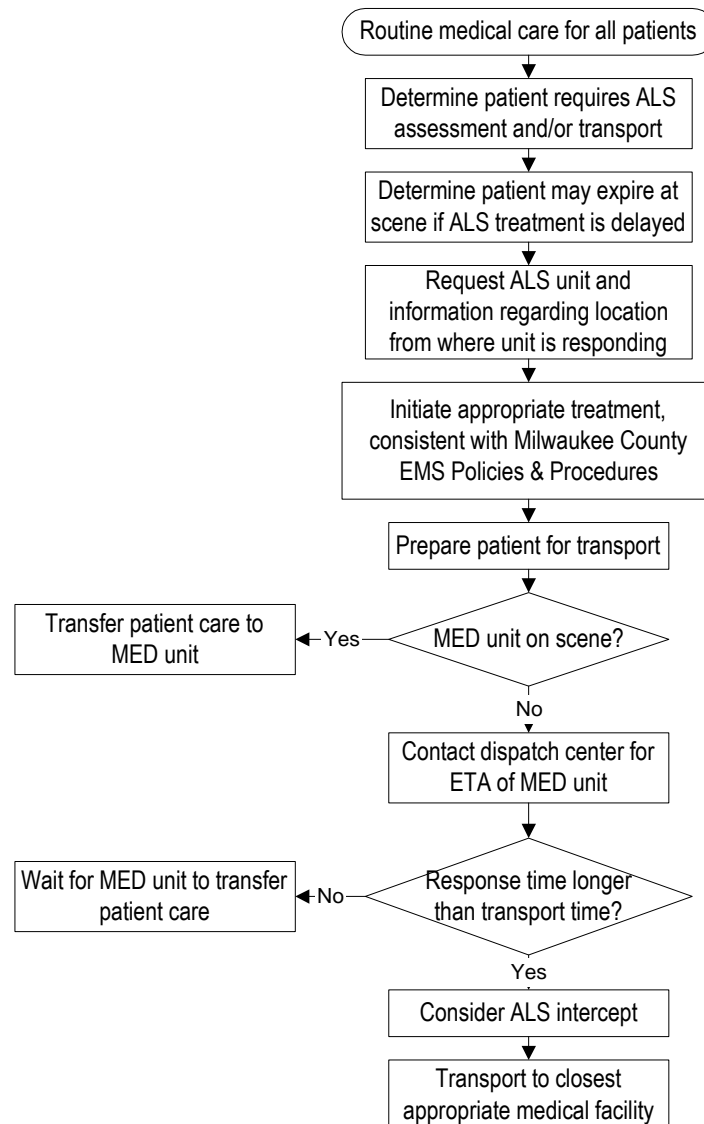


Initial: 12/6/00
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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
DEVIATION FROM ALS
EVALUATION (LOAD AND GO)**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
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POLICY: If the EMTs on scene determine that a patient may expire on scene if ALS treatment is delayed, the EMTs may opt to Load & Go transport the patient to the closest appropriate open medical facility.



NOTES:

- Potential Load & Go situations exist if:
 - The patient has an uncontrolled airway
 - The patient is bleeding to death
 - The patient has penetrating trauma to the thorax or abdomen
 - The patient is experiencing complications of childbirth
- Documentation on the run report **must** support Load & Go transport decision

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
DOCUMENTATION - EMS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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PATIENT CARE RECORD COMPLETION

POLICY: The EMS Provider will complete, in a timely manner, an EMS Patient Care Record on all patients assessed or examined. A copy of the completed record must be made available to the receiving hospital prior to unit departure.

- Documentation will include all medical information and all medical care provided entered in the appropriate places in the Patient Care Record (PCR). The treatment/triage decision must be clearly supported. For the paper PCR, see the *Handbook for Completing the Scannable EMS Report Form* for specific instructions. For the electronic PCR, see your department's completion instruction manual.
- In a tiered EMS response situation involving two different levels of service, where one level arrives before the other or if patient care is transferred, both responding units must each complete and submit to MC EMS a PCR identifying their vehicle, unit type, response times, personnel and any assessment/treatment rendered. If both levels arrive together, only one PCR is required, completed by the appropriate unit per standard of care with identification of the other responding vehicles on the scene in the PCR.
- Any Advanced Life Support (ALS) assessment or intervention by Paramedic First Response (PFR) unit or ALS unit, including ECG rhythm interpretation, requires completion of the PCR by the PFR or the ALS team.
- If a Basic Life Support (BLS) unit is transporting the patient, for paper PCR, the ALS record documentation will be completed prior to the departure of the paramedic unit and the transporting unit from the scene. The time of the turnover must be documented. The criteria of the Standard of Care: Transfer of Care (Turn-Down) is required. For ePCR, since no record is exchanged between units, the BLS unit may start transport prior to the ALS record completion, but the ALS completion expectation is the same. The ALS unit must complete their documentation and fax/post to the receiving hospital prior to going back into service.

DEPARTMENTS USING THE ELECTRONIC PCR (ePCR)

Both BLS and ALS fire department responding vehicles in Milwaukee County complete their patient care record documentation on their own ePCR Toughbook or Tablet per above policy. If two PCRs are created, both records will be posted and saved permanently in the database.

Transferring ePCR Information between Units

The first arriving fire department EMS unit who assesses the patient initiates their ePCR. If the run is an ALS call, typically the BLS unit will arrive first, document any patient assessment and treatment. When the ALS unit arrives, the BLS unit may transfer a copy of their record to the ALS unit who will then only need to add their own assessment and treatment. All datafields will transfer except the Responding Vehicle Identifiers, Unit Type, Crew, and Response Times. (The BLS unit must still finish their record and post to the database.)

In addition, if the ePCR is transferred between two different municipalities, the receiving municipality will replace the Fire Incident Number datafield on their Toughbook/Tablet with their own department number.

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PATIENT CARE RECORD COMPLETION

DEPARTMENTS USING THE PAPER PCR

Shared EMS Patient Care Record

Both BLS and ALS fire department responding vehicles in Milwaukee County complete their documentation on the same paper EMS patient care record form. Each fire department municipality will have their own department name on the top of the form.

The first arriving fire department EMS unit who assesses the patient initiates the PCR form. If the run is an ALS call, typically the BLS unit will arrive first, document any patient assessment and treatment. When the ALS unit arrives, the BLS unit will give the intact four-part form to the ALS unit for documentation of their assessment and treatment. The *transporting fire department unit* maintains possession of the intact four-part form.

NOTE: Some fire departments have chosen not to share the form across their city borders at this time. In this case, each fire department municipality would start and complete their own PCR form on the same patient. The transporting unit should receive the Hospital Copy from any other unit who assessed the patient. See below:

Departments Sharing the Paper PCR Form Between Municipalities

- Both the BLS and ALS units will document on the same report form no matter which fire department they are from. The transporting unit will take the entire PCR (all 4 copies).
- If two different fire departments are involved, when the call is over, the fire department of the transporting unit must send a photocopy of the PCR to the other fire department who documented on the form.

Departments NOT Sharing the Paper PCR Form Between Municipalities

- If the BLS unit who initiates the form is from the same fire department as the ALS unit, both units will document on the same report form and the entire PCR (all 4 copies) will be given to the transporting unit.
- If the BLS unit who initiates the form is NOT from the same fire department as the ALS unit, each unit will complete their own PCR form. The unit turning over the patient will give the Hospital Copy of their PCR to the transporting unit.

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PATIENT CARE RECORD COMPLETION

Documentation by Type of Unit

ALS/BLS Units approved in the Milwaukee County EMS Plan, have the flexibility to be dispatched on BLS level calls as well as ALS level calls and may transport patients at either level. Documentation will vary depending on the designation of the unit, which is reliant on the daily staffing and equipment stocked on the unit. **In addition, for paper PCR users, an ALS/BLS Unit responding with a dedicated ALS Unit may be documented as a PFR to eliminate the need for completion of the Transfer of Care form.*

2 Licensed Paramedics (ALS Unit)

- Units staffed with at least 2 paramedics and stocked with all required ALS equipment, shall be designated as a Med Unit*. A designated Med Unit shall document using the assigned Med Unit number for all level of dispatches.
- Radio the Milwaukee County EMS Communications Center for notification of dispatch.
- Complete all ALS sections on the paper PCR, including the ALS Vehicle Personnel section. For ePCR, select 'ALS' in the Unit Type datafield. (The Dispatch Level section on the PCR will identify if the call was dispatched as BLS.)
- The Transport Mode section on the paper PCR and Conveyed By datafield on the ePCR will identify the final level of the dispatched call and the correct billing level.
 - Complete, "FD ALS" for patients transported at the ALS level.
 - Complete, "FD BLS" for patients transported by the Fire Department at the BLS level.
- Close the call with the EMS Communications Center.
 - ALS transports, relay patient information for hospital notification.
 - BLS transports, relay patient information for hospital notification.
- Units stocked with only PFR supplies, shall be designated as a PFR Unit. (See PFR Unit below)
- Units stocked with only BLS supplies, shall be designated as a BLS Unit. (See BLS Unit below)

1 Licensed Paramedic (PFR Unit)

- Units staffed with at least 1 paramedic and stocked with PFR supplies, shall be designated as a PFR unit and use the vehicle unit number, i.e., R3, E1, R1883.
- Complete all BLS/PFR sections on the paper PCR, including the BLS/PFR Vehicle Personnel section. For ePCR, select 'PFR' in the Unit Type datafield.
- Units without PFR (or ALS) supplies shall be designated as a BLS unit. (See BLS Unit below)

0 Licensed Paramedics (BLS Unit)

- Units staffed with 0 paramedics, shall be designated as a BLS unit and use the vehicle unit number.
- Complete all BLS/PFR sections on the paper PCR, including the BLS/PFR Vehicle Personnel section. For ePCR, select 'BLS' in the Unit Type datafield.

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PATIENT CARE RECORD COMPLETION

Multiple Casualties

- When multiple victims are present at a scene (3 or more) and the paramedic team is caring for one or more patients, other patients who are triaged but not completely assessed by the paramedic team do not need to have a PCR generated by the paramedics if it will interfere with the ALS care of the critical patient(s).
- When multiple victims are present at a scene (3 or more) and no patient at the scene requires ALS care, the paramedics will function as the triage team.

-For Paper PCR:

The team leader will prepare one (1) Overflow run report. In the section for patient name, the designation "Multiple Casualty" will be entered. Date, incident number, emergency location, unit letter and number, and times are entered as usual. In the treatment log section the team leader will list each patient's name, date of birth, chief complaint, vital signs, transporting unit and destination.

-For ePCR:

Follow your department standard operating procedure for PCR documentation.

- The transporting unit(s) must complete a standard PCR.

Refusal of Care and/or Transport

If a patient refuses care and/or transport, the following information (in addition to standard documentation) will be notated on the PCR:

1. A statement indicating the patient is an alert/oriented adult
2. Medical treatment and transport options were offered to the patient
3. The paramedic team informed the patient of the possible consequences, including potentially life-threatening conditions, of refusing medical care
4. The patient was encouraged to seek medical help for his/her condition
5. The patient indicated he/she accepts the risks of refusal of care

-For Paper PCR:

The report writer will have the patient initial the line in the lower left hand corner: "I refuse treatment/transport against medical advice and understand/accept the risks" and have the patient sign below.

-For ePCR:

The report writer will have patient sign the appropriate refusal area.

Patient Signature

- The patient signature is *required* on all PCRs. If the patient is unable to sign, ask a family member or witness to sign and document their relationship to the patient. A full name signature is required, initials are not acceptable. The witness signature validates that patient care was provided by EMS personnel, it does not imply any financial responsibility.
- If no family member or witness is available, the receiving Emergency Department RN may sign.

Initial: 12/10/82	MILWAUKEE COUNTY EMS OPERATIONAL POLICY DOCUMENTATION - EMS	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
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PATIENT CARE RECORD COMPLETION

Deceased Patients

If the patient is deceased at the scene (either no resuscitation was attempted or the resuscitation was terminated in the field) the PCR should be handled as follows:

- If the Medical Examiner is at the scene, give the Hospital Copy of the paper PCR to the Medical Examiner. For the ePCR, fax a copy or post to the ME's Dashboard.
- If a BLS unit (private or fire department) will be transporting, give the Hospital Copy of the paper PCR to the BLS unit who in turn should give it to the physician at the receiving hospital or ME. For the ePCR, fax a copy to the receiving facility or post to the facility Dashboard.
- If control of the scene is given over to a police officer or private Ambulance Company awaiting arrival of the Medical Examiner, the Hospital Copy of the paper PCR is to be sealed in an envelope. Write the patient's name, the designation of the paramedic unit and the names of the paramedics on the outside of the envelope. (State law forbids the review of the contents of the run report by the police without the written permission of the next of kin or a court order.) For the ePCR, fax a copy to the ME or post to the ME Dashboard.

Copy Distribution

-For Paper PCR:

When completed, there are four copies of the report form to distribute as follows:

- Top Copy: Milwaukee County EMS Copy
To be sent to Milwaukee County EMS where it will be scanned into the MC EMS database.
- Part Two: Fire Department Copy
- Part Three: Fire Department Billing Copy
The second and third copies are forwarded to the appropriate fire department administration, one will be filed, and the other will be used for fire department billing, if applicable.
- Part Four: Hospital Copy
To be left with the patient at the hospital.

Each fire department administration will submit their paper records to MC EMS on a weekly basis.

-For ePCR:

- Hospital Copy: A faxed copy or an electronic copy posted on the Hospital Dashboard will be made available to the receiving hospital before the transporting crew goes back into service.
- Fire Department Copy: Stored in billing vendor's database, accessible by fire department and authorized MC EMS personnel.
- MC EMS Copy: The billing vendor will export completed PCRs within 72 hours to MC EMS on a daily basis.

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PATIENT CARE RECORD COMPLETION

Correcting Written Errors

If a written error occurs while completing the paper PCR, draw one (1) line through the mistake, mark it as "error", place your initials next to the error and write in the corrected information.

Amending Reports

If a late entry needs to be made to a completed and distributed PCR, an amended report should be filed.

-For Paper PCR:

Use the Overflow/Transfer of Care form for this purpose. Write in the following information:

- Case No. from the original EMS Report form (PCR)
- Date of the run
- Fill in Overflow circle
- Incident Number
- Unit Letter
- Unit Number
- Patient Name

Use the narrative to explain what information was left out of the original report or if a written error was made. Be sure to include the date and time the amended report was filed. The report writer should then sign the report and distribute the copies as labeled. The hospital only needs to be notified if there was a medication error.

-For ePCR:

Log in to the fire department service bridge website and search for the record to be amended. Using the addendum function, explain what information was left out of the original report or if an error was made. The date and time of the amendment will be automatically recorded. The hospital only needs to be notified if there was a medication error.

Legal Issues

The patient care record is both a legal and medical document. Medical information on the record is confidential and should not be released or disclosed without proper (legal) authorization. The fire department owns the record, but the patient owns the information documented on the record. Persons requesting a copy of or information from the record should be referred to your fire department administration.

Initial: 6/1/06
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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EMS EDUCATION
ATTENDANCE POLICY**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
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Definitions:

On-campus: Classes held at the offices of MC EMS Education Center
 In-house: Educational sessions held at a fire station
 DL: Distributive learning educational modules posted on an Internet web site.

Overview:

- In the event of an emergency or illness, a paramedic may be granted an “excused absence” and be allowed to request a rescheduling of his or her refresher class.
 - Definition of an emergency
 - Family emergency needing medical attention
 - Injury to self that prohibits paramedic from attending class
 - Family emergency requiring paramedic’s immediate attention
 - Definition of an illness:
 - Personal illness needing the attention of a physician
 - Personal illness of contagious nature (ex Whooping cough)
- If a paramedic is granted permission to reschedule, he or she must be rescheduled for the next mutually available refresher class.
- Paramedics are expected to arrive on time. It is the responsibility of any paramedic who will be late to a refresher class or CE conference to call MCEMS Education Center to inform the center staff of their late arrival.
- Any paramedic leaving a refresher class or CE conference early will be required to make up the missing time.

ACLS & PALS recertification:

- ACLS & PALS recertification will be done “in house” in the month of December each year
- One half of a fire department’s roster will be done each year. All paramedics will be recertified within a two-year licensing period.
- Dates for ACLS & PALS recertification will be done on mutually agreed upon dates between MC EMS Education Center and each fire department. Fire department administration will schedule their paramedics to attend agreed upon class dates assuring that class size meets minimums established by MC EMS Education Center.
- It is the responsibility of each EMT-P to make sure they have “current” ACLS and PALS certifications as established by the American Heart Association.

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EMS EDUCATION
ATTENDANCE POLICY**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
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Refresher classes:

- Refresher classes will be offered each fall and spring semester. Attendance at one refresher class per semester is mandatory.
- MC EMS Education Center will publish the class dates six months prior to the dates offered. It is the responsibility of each paramedic to register for one refresher class for each of the fall and spring semesters during a two-year licensing period. (Total of four on-campus classes in a two-year licensing period.)
- At the end of each refresher class, the employing EMS agencies will be notified of a paramedic's attendance, the length of the class and hours each paramedic attended.
- Those paramedics who have not attended either a regularly scheduled refresher class or have been granted an excused absence will be required to obtain six hours of refresher class content. Arrangements must be made through the education manager at MC EMS. The required hours must address the same topic area as the missed refresher class offered by MC EMS.

CE Conference attendance:

- MC EMS Education Center will offer three continuing education (CE) conferences each academic year. (September through June)
- Attendance at each of the conferences is mandatory.
- Paramedics who do not attend a CE conference must notify their fire department EMS administrator.
- Paramedics who do not attend a CE conference must present proof of obtaining equivalent number of hours of CE in an EMS related topic. Proof of attendance can be either a certificate of CEU or a conference agenda.
- Paramedics must sign in upon arrival at the CE conference and must sign out if leaving before the conclusion of the conference.
- Employing EMS agencies will be notified of a paramedic's attendance at the conference as well as the length of the conference.
- Milwaukee County EMS Education Center will develop a "MC EMS System Update" presentation and post it on the DL web site following each CE conference. This presentation will cover updates to system policies, an orientation to new supplies, updates regarding health information (patient care record) issues as well as other system elements. Each EMT-P, whether they attended the CE conference or not, is required to review the "MCEMS System Update" within one (1) month of the presentation being posted on the DL web site. Since the system update presentations deal with current EMS events, it is critical that this information be reviewed in a timely manner. If a paramedic is not able to review the update presentation within the one (1) month time period, he or she must inform the department EMS officer of the delay and when he or she anticipates completing the presentation.

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OPERATIONAL POLICY
EMS EDUCATION
ATTENDANCE POLICY**

Approved by: Patricia Haslbeck, MSN, RN
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DL requirements:

- A list of scheduled modules will be made available to the paramedics at least one month prior to the start of a semester.
- 5 – 6 modules will be scheduled per semester.

Requirements to maintain “Full Practice” or “Limited Practice” status:

In order for a paramedic to maintain their “Full or Limited” practice status and be granted the ability to practice under the medical control of the Milwaukee County EMS Medical Director, a paramedic must:

1. Attend one “on-campus” refresher class per semester.
2. Attend all CE conferences that fall within a given semester (or have made up any missed CE conference time).
3. Complete all the required DL modules scheduled for a given semester.

Failure to meet requirements:

Failure to complete the requirements to maintain practice status by the established due dates will result in a paramedic losing his or her practice status and medical control. Practice status and medical control will be suspended until such time that the paramedic completes the missed educational content and informs the education manager that he or she is up to date.

Fall semester: August 1st to December 20th
Spring semester: January 1st to May 20th

Initiated: 9/25/92
Reviewed/revised: 2/13/08
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ELECTROCARDIOGRAPHIC
MONITORING**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY:

- All patients evaluated by the paramedic team will be monitored in accordance with the standards of care, policies and protocols of Milwaukee County EMS.
- Standard Lead II configuration will be used for initial evaluation and continuous monitoring of the ECG. A 12-lead ECG will be obtained and transmitted for any patient experiencing symptoms of suspected cardiac origin.
- A six inch or longer strip will accompany the patient to the hospital
- ECG monitoring of a patient under the care of a paramedic team must be done by a licensed paramedic. BLS and other non-paramedic personnel may not be assigned nor assume responsibility to perform continuous ECG monitoring.
- Any change in rhythm will be documented on the run report and an attempt will be made to obtain a six inch strip of the new rhythm to be left with the patient at the hospital.
- The paramedic team will transmit an ECG "burst" to the Communications Base at the request of the medical control physician, and at least prior to:
 - Requesting a medical control physician for the call
 - Patient care intervention
 - Patient re-assessment (e.g. stop CPR)
 - Request to stop resuscitation efforts
- This policy does not exclude any patient from ECG monitoring or the paramedic team from transmitting an ECG burst to the Communications Base. Medical control should be contacted for medical orders when appropriate for symptomatic patients.

Initial: 12/10/82
Reviewed/revised: 5/10/00
Revision: 6

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EQUIPMENT/SUPPLIES**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

Each paramedic unit is responsible for labeling all hardware (radios, monitors, splints, kits, etc.) in their inventory with their department and unit designation.

A current log of items which must be left with a patient at a hospital will be maintained by the paramedic unit and those items retrieved as soon as possible. The log should include the type of equipment, quantity, hospital location, date left, patient or run number and date retrieved.

When Items are missing from the inventory, they are to be reported immediately to the appropriate fire department officer and to the EMS supervisor at the Paramedic Training Center as soon as possible but no later than the next regular business day.

Approved inventory lists for equipment and supplies are available from Milwaukee County EMS. A copy of the kit setup is required to be submitted and kept on file with Milwaukee County EMS on an annual basis. Any piece of equipment or supply not specifically included cannot be present on the vehicle or used by paramedics without the written permission of the Medical Director. Proposals to add new equipment must include in-service, evaluation and continuing education information and a fiscal impact statement.

Essential equipment must be on the paramedic unit and operational in order for the unit to be in service and respond to requests for emergency medical services. This essential equipment includes:

- Airway Kit
- Medication Kit
- Suction
- Oxygen Kit
- Stretcher
- Communications equipment (the cellular telephone on the 12 Lead may be used for emergency communications if the Apcor or Micor systems fail)
- Monitor-defibrillator

Initial: 12/10/82
Reviewed/revised: 5/10/00
Revision: 6

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EQUIPMENT/SUPPLIES**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

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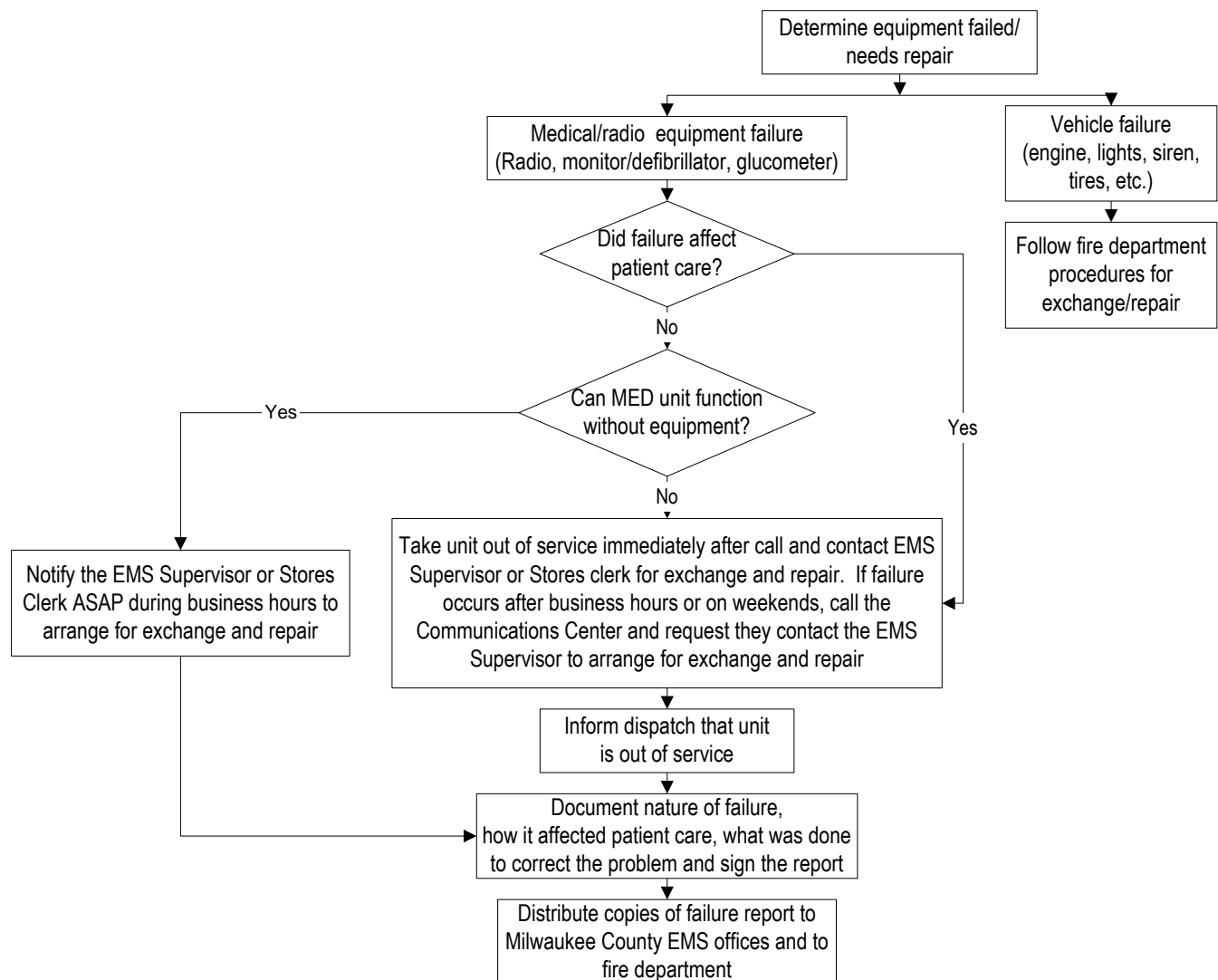
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- Monitor-defibrillator

Initiated: 12/10/82
Reviewed/revised: 6/1/05
Revision: 6

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
EQUIPMENT FAILURE /
EXCHANGE**

Approved by: Patricia Haslbeck, RN, MSN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1



NOTES:

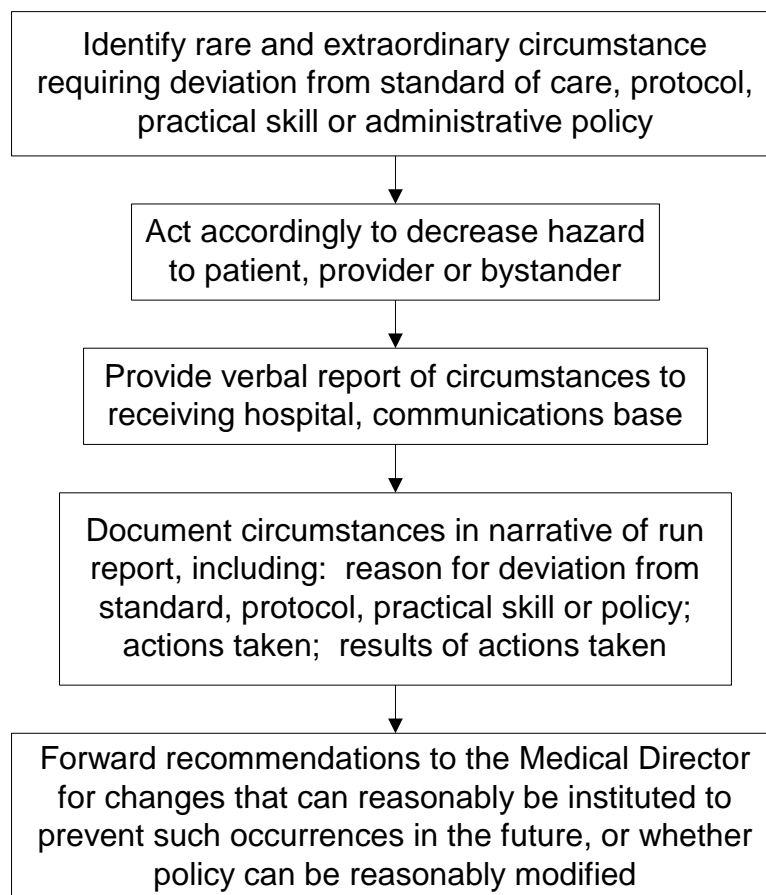
- If it becomes necessary to change to a back-up vehicle, test all radios prior to changing to the new vehicle. Test radios again when returning to the repaired vehicle.
- The MED unit personnel are responsible for notifying the fire department that repairs or vehicle changeovers are being made.
- Equipment that is out of service or fails on a call should be documented on the run report in the appropriate section.
- Notify the Quality Manager with details of failures affecting patient care. The Quality Manager will file the necessary FDA reports.

Initiated: 2/13/08	MILWAUKEE COUNTY EMS OPERATIONAL POLICY EXCEPTIONS TO STANDARD, PROTOCOL, SKILL, POLICY MANDATES	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/revised:		Approved by: Ronald Pirrallo, MD, MHSA
Revision:		Page 1 of 1

POLICY: Under rare and extraordinary circumstances, and only when communication with medical control is impossible, an employee may temporarily choose to act outside of approved policy when it is the employee's professional judgment that, in that specific instance, following such policy would pose a direct and immediate hazard to the employee, a co-worker, or a member of the public.

The purpose of this policy is not to allow the employee to substitute his or her judgment for that of the Medical Director, but to allow for discretion in those rare and extraordinary circumstances that cannot be addressed by a general policy.

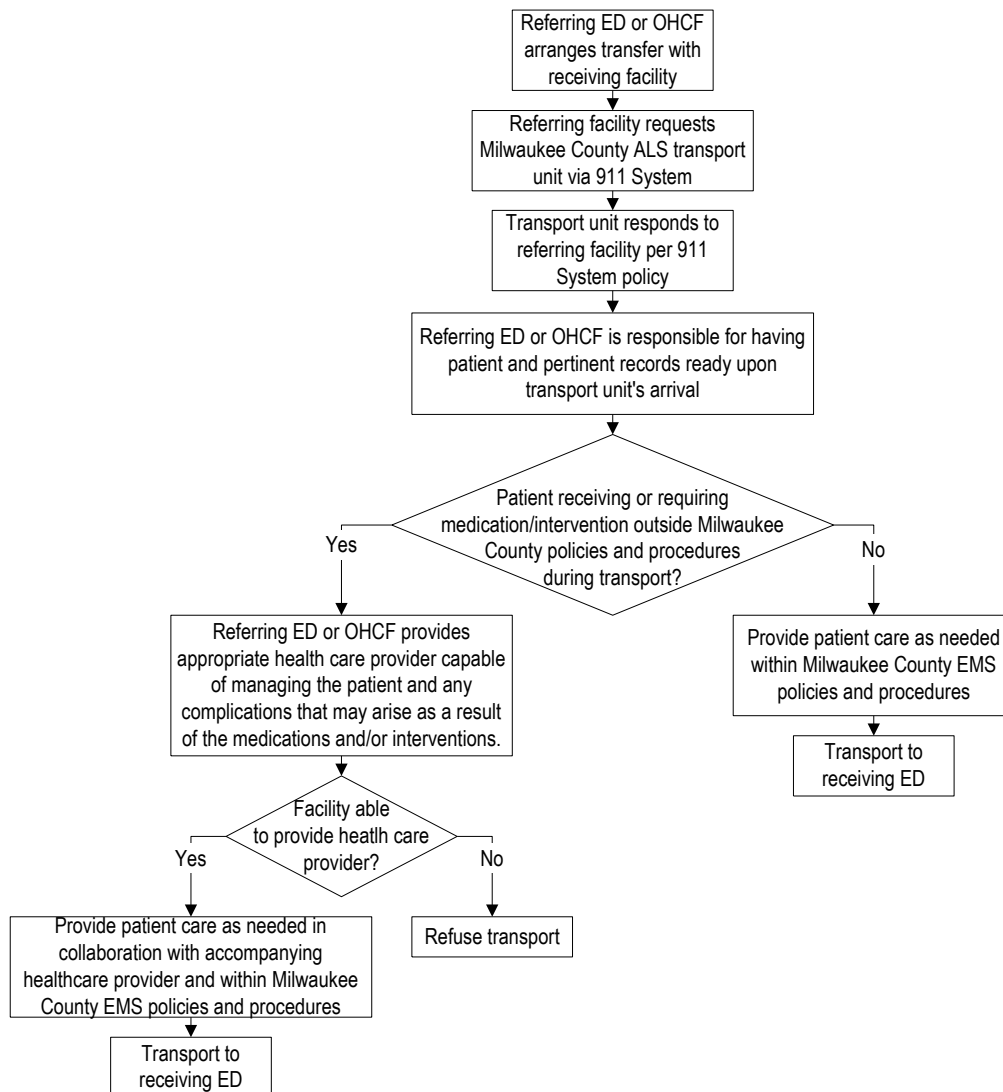
When the employee makes such a judgment in contravention of a policy, the circumstances shall be reported by the employee and shall be documented in order to determine whether the employee properly exercised discretion, whether changes can reasonably be instituted to prevent such occurrences in the future, or whether the policy can be reasonably modified.



Initial: 9/11/02	MILWAUKEE COUNTY EMS OPERATIONAL POLICY INTERFACILITY TRANSPORTS	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/revised: 10/15/08		Approved by: Ronald Pirrallo, MD, MHSA
Revision: 3		Page 1 of 1

Scope of Practice may include:	Scope of Practice does not include:
Patients paralyzed and intubated Pre-administration of pain medication and/or antibiotics Blood products already administered	Managing chest tubes Administration of blood products IV pumps Management of other medical devices

POLICY: Upon request, Milwaukee County ALS units will transport a patient from one emergency department (ED) or outpatient health care facility (OHCF) to another receiving emergency department within the Milwaukee County EMS System in accordance with System policies and procedures.



NOTES:

- Milwaukee County Paramedics **may not** provide care outside the policies and procedures of Milwaukee County EMS Plan.
- Pertinent records that usually accompany the patient may include, but are not limited to lab and/or x-ray reports, ED treatment, and nursing notes.

Initial: 10/14/09
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
MANAGEMENT OF
DECEASED PATIENTS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 2

POLICY: Deceased patients will be managed in a professional and respectful manner, to meet the needs of the community, under the guidelines developed in conjunction with the Milwaukee County Medical Examiner's Office.

DEFINITIONS:

Resuscitation attempt: Initiation of basic or advanced life support procedures in an attempt to reverse cardiac arrest of medical or traumatic origin. These procedures include, but are not limited to, CPR, placement of an advanced airway, cardiac monitoring/defibrillation.

Suspicious death: Patient's death is considered to be from other than natural causes, including suspected sudden infant death syndrome (SIDS), crimes, suicide, and accidental death.

Non-suspicious death: Patient's death is apparently due to natural causes.

Potential crime scene: A location where any part of a criminal act occurred, where evidence relating to a crime may be found, or suspicions of a criminal act may have occurred.

PROCEDURE:

Resuscitation will be initiated on all patients in cardiac arrest, unless one of the following conditions is met:

- Decapitation
- Rigor mortis
- Tissue decomposition
- Dependent lividity
- Valid State of Wisconsin Do-Not-Resuscitate order or Physician Orders for Life-Sustaining Treatment
- Fire victim with full-thickness burns to 90% or greater body surface area
- Traumatic arrest with ECG showing asystole or wide complex PEA at a rate less than 30

A responding paramedic may cease a BLS initiated resuscitation attempt if no treatment provided other than CPR, non-visualized airway insertion, and/or AED application with no shock advised **OR** if the patient is in traumatic arrest and the ECG shows asystole or PEA at a rate less than 30. A patient may be pronounced en route to a hospital if condition warrants. In such case, the destination should be changed to the Medical Examiner's Office.

If the patient does not meet criteria in the note above, an ALS resuscitation attempt, once in progress, requires an order from medical control to terminate the attempt, regardless of the circumstances.

Medical control is to be consulted on all questionable resuscitations. CPR and ALS procedures will neither be withheld nor delayed while the decision regarding resuscitation is made.

A paramedic involved in the resuscitation effort shall call the Medical Examiner's Office to provide a first hand account of the scene and patient history. If no paramedic is on scene, a BLS provider who determines the patient meets criteria for no resuscitation attempt shall place the call.

Initial: 10/14/09
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
MANAGEMENT OF
DECEASED PATIENTS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 2 of 2

For a potential crime scene:

- Notify law enforcement if not already involved.
- Include potential crime information in report to Medical Examiner's Office.
- Observe, document and report to law enforcement anything unusual at the scene.
- Protect potential evidence
 - Do not "clean up" the body
 - Leave holes in clothing from bullet or stab wounds intact
 - Do not touch or move items at the scene
 - Observe, document and report to law enforcement and the Medical Examiner's Office any items disturbed by EMS at the scene
- Turn the body over to law enforcement
- Law enforcement has the legal responsibility to maintain scene integrity

For all other patients:

- Do not remove lines or tubes from the deceased
- Do not "clean up" the body
- Do not disturb the scene
- If covering the body, use only a clean, disposable blanket

Disposition of the body:

- Do not leave the body unattended
- The body may be turned over to law enforcement, which has the legal responsibility to maintain scene integrity
- If approval is granted by the Medical Examiner's Office, the body may be turned over to a funeral home
- If the resuscitation attempt took place in the ambulance, include the information in your report and transport to the Medical Examiner's Office at 933 West Highland Avenue
 - Do not transfer the body to another transport vehicle unless the municipality would be left with no available responding ALS unit; refer to individual municipal policy
 - If the death is considered suspicious, a police officer or detective may accompany the body in the ambulance to the Medical Examiner's Office to maintain integrity of evidence
- Transport to a funeral home shall be determined by individual municipal policy

Documentation:

A patient care record will be completed for all expired patients. Documentation will include:

- Pertinent information regarding patient's known medical history.
- Treatment provided; if no treatment was provided, the reason for not initiating a resuscitation attempt.
- The time of determination not to initiate resuscitative measures, or the time CPR was discontinued

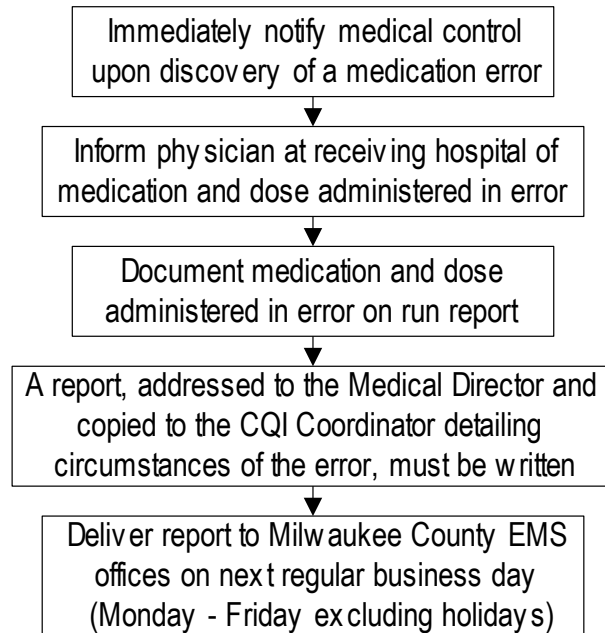
A copy of the patient care record is to be forwarded to the Medical Examiner's Office.

Initiated: 12/10/82
Reviewed/revised: 5/10/00
Revision: 4

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
MEDICATION ERRORS**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: In circumstances where a medication error is made, appropriate personnel must be notified immediately upon discovery of the error.



Initial: 02/16 /2011
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
NARRATIVE DOCUMENTATION
GUIDELINES FOR THE PCR**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: The patient care record narrative will provide a complete picture of the patient presentation, pertinent findings, pertinent negatives, ongoing development of the patient care event, care and treatment provided and condition at end of call.

GUIDELINES: The intent of writing a narrative documentation is to tell a story that can be completely understood by people who were not present at the scene. Narrative documentation should provide a, clear and concise, yet thorough explanation of what occurred at the scene of the call. Document an unbiased and factual description of the call. Make sure all check boxes or electronic screen choices match documentation made in the narrative section of the PCR. Use a systematic approach, a good PCR should be written with the same systematic approach that is used for the patient assessment. Include critical information and document care chronologically.

Sample guideline for Narrative Documentation:

1. Found (age & sex of patient) in (position) complaining of _____.
2. Since (duration).
3. States chief complaint began (time).
4. List interventions by patient/family & results
5. Describe signs & symptoms and assessments which are not mentioned previously in record.
6. Describe treatments not already mentioned in record: patient treated with _____ or treated as above.
7. List responses to treatments if not already mentioned.
8. Document any reassessments done besides initial assessment.
9. List any problems which may have occurred as a result of your interventions.
10. Patient transported in (position) to what hospital and with/without lights/siren, if not already mentioned.
11. List status of patient during transport.
12. Document status of patient upon admission to emergency department. Include comments of any "significant findings" which the patient was treated for, ex: Upon admission to ED, patient _____.
13. **After you have written it – READ IT. Check for accuracy AND consistency.**

Guidelines for Assessment/Interview:

1. Name:
2. Age:
3. Chief Complaint:
4. Onset/Duration:
5. Precipitating Factors:
6. Interventions by Patient:
7. Associated Symptoms:
8. Medical History:
9. Allergies/what kind:
10. Vital Signs - Blood Pressure, Pulse and Respirations:
11. Breath Sounds:
12. Pupils:
13. Skin:
14. Neck Veins:
15. Mental status:
16. Initial Physical Exam:
17. Decide on what your Primary Impression is and how you are going to treat the patient.

Initial: 1/19/94
Reviewed/revised: 6/1/06
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
NEW PRODUCT EVALUATION**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

This guideline is intended to provide EMS personnel of the Milwaukee County EMS System with a mechanism for objective evaluation of contemporary EMS equipment proposed for addition to the inventory of the paramedic unit:

Only two (2) product evaluations may be in progress at a given time.

Every attempt will be made for product evaluation to rotate through all paramedic units on a cyclical basis.

Whenever possible there will be at least one (1) suburban paramedic unit and one (1) Milwaukee paramedic unit evaluating a product for each evaluation period.

Paramedic units will have the proposed equipment for at least one calendar month to evaluate the product.

The product being evaluated should not replace an existing item on the ambulance. If a problem arises, the previous existing item should be immediately available.

Each shift of paramedics will complete the short evaluation form at the end of the evaluation period.

At the end of the evaluation period, the paramedic units will return the product and evaluation forms to the Paramedic Training Center.

The units involved will make every effort to safeguard the item being evaluated.

The results of the evaluation will be reported to all personnel at the next regularly scheduled Continuing Education Conference.

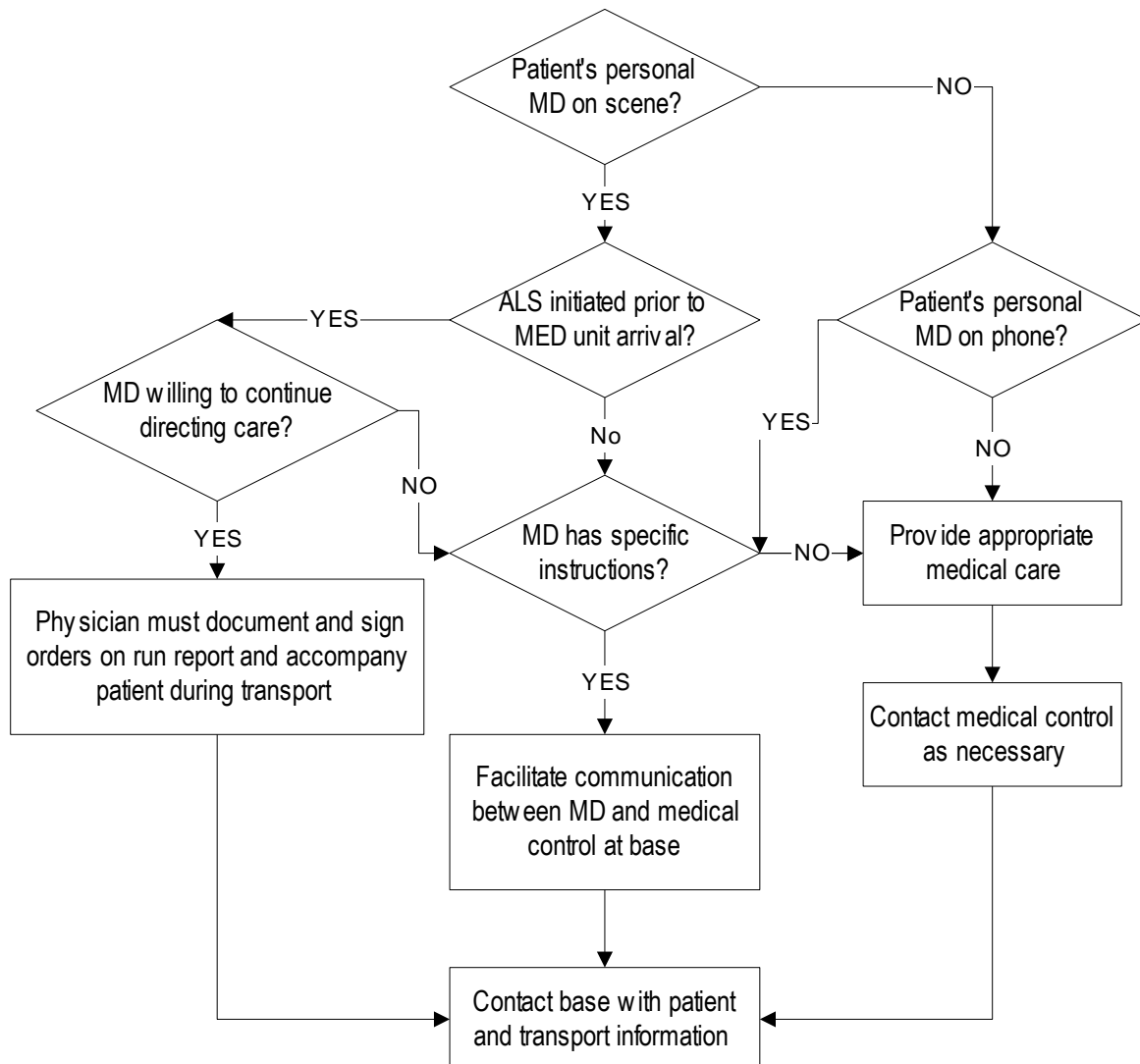
If a paramedic unit would like a product evaluated, a Request of Product Review will be submitted to Milwaukee County EMS.

The paramedic unit requesting the product evaluation should be one of the units participating in the evaluation.

Initiated: 12/10/82
Reviewed/revised: 5/10/00
Revision: 4

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ON-SCENE PHYSICIANS**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1



NOTES:

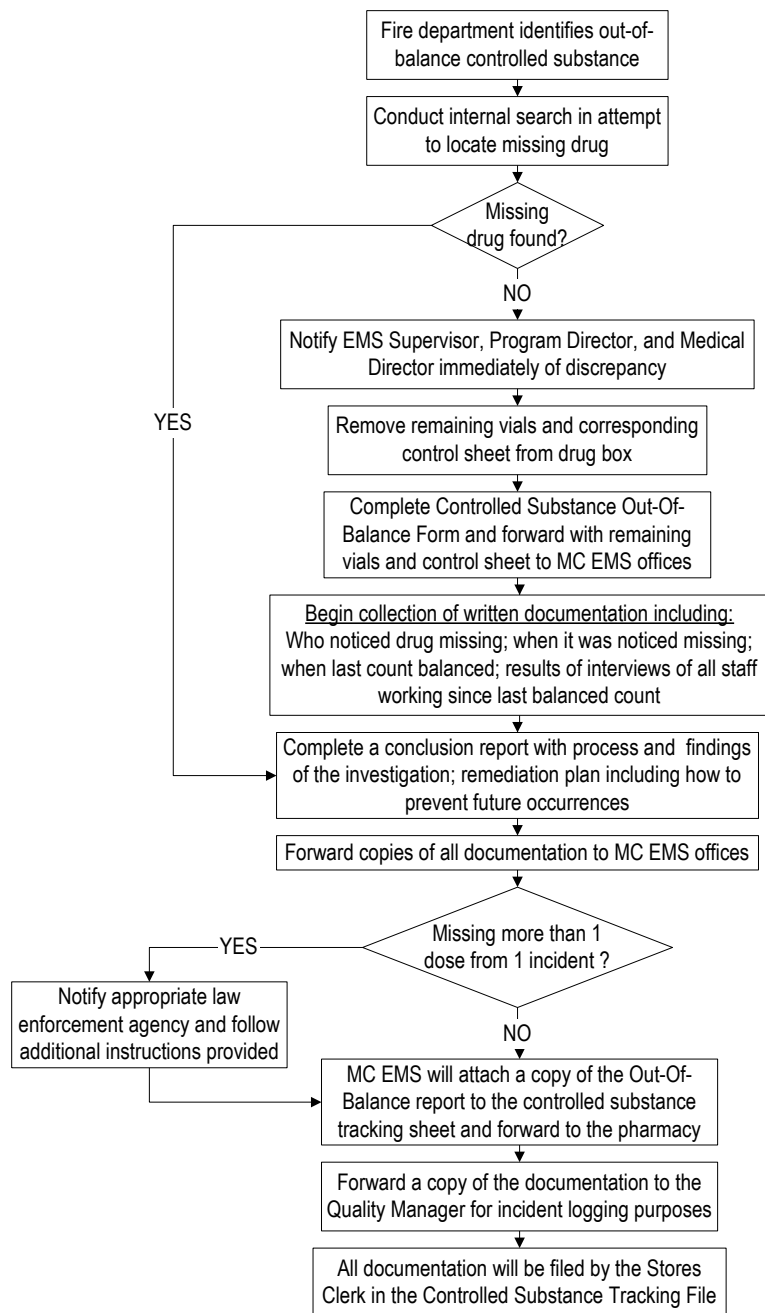
- Paramedics may only take telephone orders from Milwaukee County EMS medical control. If the paramedics are in contact with the patient's personal physician via telephone, the personal physician should be asked to call the base directly to provide information or input.
- When an individual at the scene of an emergency identifies themselves as a physician but not the patient's personal physician, they should be informed that the offer of assistance is appreciated but medical control is maintained at a central location. Paramedics are only able to accept orders from Milwaukee County EMS medical control.
- If a problem with an on-scene physician arises, contact medical control and/or provide the physician with a Medical Society Card and/or the Incident Line number and ask them to address their concerns with the Medical Society.

Initiated: 5/16/07
Reviewed/Revised:
Revision:

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
OUT-OF-BALANCE
CONTROLLED SUBSTANCES**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: Milwaukee County EMS is responsible for maintaining accountability and will document any and all discrepancies in tracking controlled substances.



NOTE:

- The Medical Director or Program Director may request reporting to the appropriate law enforcement agency.

Initial: 9/21/95
Reviewed/revised: 2-11-09
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
OUTSIDE STUDENT
PARTICIPATION**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 2

Purpose:

- ◆ To standardize the mechanism by which individuals from EMS systems outside Milwaukee County can request clinical experience within the Milwaukee County EMS System
- ◆ To define the procedure for in-field observation by eligible parties

Eligibility: (any of the following)

- Employees/members in good standing with a licensed Ambulance Service Provider who delivers Advanced Life Support prehospital care within a State or regional approved plan in a political subdivision outside Milwaukee County. *Applications are accepted only from a state licensed EMS Provider or state certified EMS Education Center on behalf of the individual (individuals may not independently apply for training).*
- ◆ Licensed physicians and medical students involved in emergency medical care and/or medical control.
- ◆ Other medical professionals, including but not necessarily limited to registered nurses and physician assistants, who have an active role in the delivery of emergency medical care.
- ◆ Individuals engaged in current research in emergency medical care.

Experiences available:

- ◆ Initial instruction (didactic and clinical experience) for Emergency Medical Technician--Paramedic or --Advanced
- ◆ Refresher (continuing education) course for licensed paramedics
- ◆ Customized educational programs with content developed as requested by the employing agency
- ◆ Supervised field experience with operational EMS unit
- ◆ Ride-along (non-participatory) with operational EMS unit

Prerequisites:

- ◆ Approval by the Milwaukee County EMS System Program and/or Medical Directors.
- ◆ Valid Wisconsin license or training permit as EMT-B, EMT-A, or EMT-P for participatory experiences.
- ◆ Contractual agreement between parent organization and Milwaukee County for participatory experience.
- ◆ Transfer of Medical Control to Milwaukee County System for the duration of the participatory experience.
- ◆ Signed waivers from parent organization and participants.
- ◆ Release of academic information waivers from participants for educational programs.
- ◆ Proof of injury and liability insurance (Worker's Compensation and malpractice).
- ◆ Agreement that non-instructional expenses (i.e., books, personal educational materials, travel, lodging and meal costs) are the responsibility of the participant/parent organization.
- ◆ Proof of meeting clinical sites' communicable disease requirements.

Application process for participatory experiences

- ◆ Written request for experience sent to the Milwaukee County EMS System Program Director by authorized administrative officer of parent organization.

Initial: 9/21/95
Reviewed/revised: 2-11-09
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
OUTSIDE STUDENT
PARTICIPATION**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 2 of 2

- ◆ Agreement on the terms of the experience, including:
 - ◆ Dates and times of the experience
 - ◆ Type of experience (didactic, clinical, field)
 - ◆ Cost to the parent organization. Milwaukee County Statutes require that outside educational offerings must be financially self-supporting.
 - ◆ Development of appropriate objectives and content of the experience.
 - ◆ Agreement of participation from the Chief of the hosting Milwaukee County Fire Department, including any costs to the Education Center/student.
 - ◆ Signed contract returned to Milwaukee County EMS Program Director.
 - ◆ Receipt of documentation of prerequisites.

Educational sessions

- ◆ Assignment of appropriate instructors and support personnel.
- ◆ Orientation of the participant(s), including baseline evaluation as needed (e.g. pretest, IV skill station, etc.). Cost of any orientation session must be included in the original negotiated price with the employing department.
- ◆ Presentation of the content.
- ◆ Evaluation of the participant(s).
- ◆ Evaluation/feedback by the participant(s) of the presentation.

Completion of the educational session

- ◆ Notification of completion sent to the parent organization.
- ◆ Submission of student evaluations to the parent organization.
- ◆ Final bill forwarded to the parent organization.
- ◆ Receipt and deposit of tuition payment.

Ride-along observations:

- ◆ Individuals who wish to ride with operational paramedic units on an observation-only (non-participatory) basis should submit a request to the Program Director of the Milwaukee County EMS System.
- ◆ Ride-along observations are for educational purposes only. Applicants should state clearly in their request the objectives of their experience.
- ◆ Ride-along observations by students from a course charging tuition will be assessed a fee, proportional to the total hours of the course. The actual fee will be negotiated (prior to the start of the experience) by the Program Director or his/her designee.
- ◆ Permission must be granted by the Chief of the hosting Fire Department.
- ◆ All requirements of the hosting fire department must be met:
 - ◆ Proof of Worker's Compensation and liability insurance.
 - ◆ Signed waivers from the individual and his/her employer.
- ◆ Date, time and unit assignments are coordinated through the Milwaukee County EMS Education Center. Priorities are assigned based on the educational need(s) of the observer and the constraints of the EMS system.

Initial: 2/11/09	MILWAUKEE COUNTY EMS OPERATIONAL POLICY PATIENT TRANSFER OF CARE	Approved by: Kenneth Sternig, MS-EHS, BSN , EMT-P
Reviewed/revised:		Approved by: Ronald Pirrallo, MD, MHSA
Revision:		Page 1 of 1

POLICY:

- Patient transfer of care occurs when the transported patient crosses the hospital threshold.
- Realistic expectations for EMS Providers and Hospital Emergency Department personnel are established to ensure smooth transfer of care.
- Problems identified in the transfer of patient care should be reported to the Milwaukee County EMS Incident Line at (414) 289-6774.

EMS Provider Expectations of ED staff:

- Assignment and transfer to a room in a timely fashion
- Qualified medical professional to take report in a timely fashion
- Assist with patient transfer from EMS transport cot to hospital bed
- Upon request, escort of appropriate medical personnel when patient destination is not the ED
- Replacement linens
- Present a FIN sheet in a timely manner

ED Staff Expectations of EMS Providers

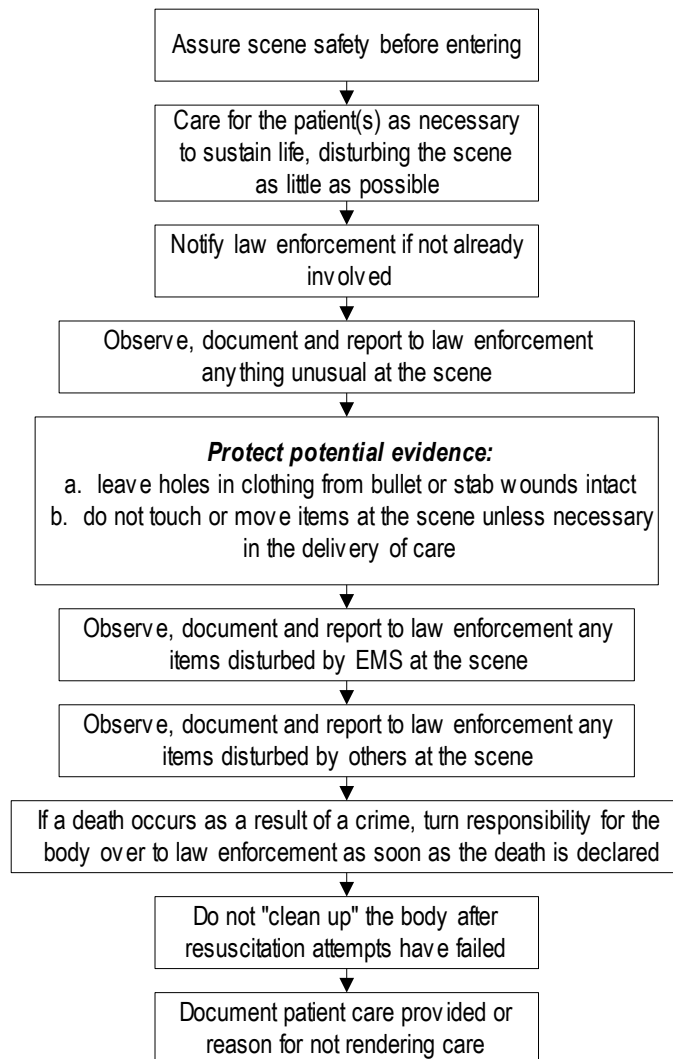
- Transport notification provided as early as possible with complete patient report
- For STEMI, prehospital acquisition and transmission of 12-lead as soon as possible
- Patient transport to area as directed (triage, trauma room, L&D, etc.)
- Complete verbal report at time of transfer
- Receipt of a copy of the written report or electronic patient care record before transporting crew goes back into service
- Placement of medical waste in appropriate receptacle/area

Initial: 12/6/00
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
POTENTIAL CRIME SCENES**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: A potential crime scene is defined as a location where any part of a criminal act occurred, where evidence relating to a crime may be found, or suspicions that a criminal act may have occurred.



NOTES:

- Cooperate with police for information gathering at scene, such as:
 - Disruption of scene by EMS personnel or others
 - Names of responding EMS personnel
 - Medical care provided to the patient
- All documentation is to be noted in objective terms
- Patient's or bystanders' statements are to be put in quotes
- Avoid documentation not relevant to patient care
- The patient care record is a legal document and will be used in court
- The patient care record is confidential and protected by state statutes

Initial: 9/11/02
Reviewed/Revised: 2/11/09
Revision: 5

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
PRACTICE STATUS AND
PRIVILEGES**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 3

Policy: All EMS patient care providers receiving medical oversight by and contracted to operate in the Milwaukee County EMS system must request and be granted practice status and privileges by the Milwaukee County EMS Medical Director.

- I. Minimum qualifications
 - A. Be an active member in good standing of an agency under contract to provide EMS services
 1. Candidates may not have a current or pending disciplinary action or suspension
 2. Candidates are required to sign waivers permitting the EMS Medical Director to review employment and
 3. Provide verification of an acceptable Caregiver's Background check
 4. Provide documentation of the lack of potentially communicable disease (i.e. up to date recommended immunizations; see new student policy)
 - B. Have a current State of Wisconsin EMT-P, EMT-A, or EMT-B license and meet all applicable State rules and regulations.
 - C. After September 1, 2001, all Paramedics new to the system must be NREMT certified.
 - D. ALS providers must present a certification of completion for the Human Participants Protection Education for Research Teams online course, sponsored by the National Institutes of Health.
- II. Minimum competency
 - A. Clinical Evaluation
 1. Produce documentation that meets or exceeds Milwaukee County EMS Education Center level-appropriate course work and skill competencies
 2. Successfully complete an ALS content evaluation by a member of the Milwaukee County EMS Education Center faculty.
 3. Demonstrate competent level-appropriate, scope of practice during observation by a member of the Milwaukee County EMS Education Center
 - B. Demonstrate competent level-appropriate EMS patient care knowledge and safe patient management during a verbal examination by the Milwaukee County EMS Medical Director
- III. Graduation from the Milwaukee County EMS Education Center satisfies all minimum qualifications and competencies
- IV. Practice Privilege Designation
 - A. The Milwaukee County EMS Medical Director will assign the candidate to 1 of 4 practice privileges:
 1. Full
 2. Limited
 3. Special
 4. Intern
 - B. The Milwaukee County EMS Medical Director will determine the individual's practice privilege after 12 months for an Intern, on a biennial basis for others and upon request.
 - C. Practice Designation remains valid for licensure period or until revoked or modified by the EMS Medical Director.
 - D. EMS provider must maintain or exceed Milwaukee County EMS continuing education and skill benchmark requirements where applicable.
 - E. EMS provider agrees to conform to the assigned Milwaukee County EMS Scope of Practice and all Milwaukee County EMS standards, protocols, policies and procedures.
 - F. The Milwaukee County EMS Medical Director's decision is binding and final.

Initial: 5/10/00
Reviewed/revised: 2/11/09
Revision: 5

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
PRACTICE STATUS AND
PRIVILEGES**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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FOR THE FULL PRACTICE EMS PROVIDER

The full-practice EMS provider is defined as: An EMS provider who routinely provides patient care in the Milwaukee County System. An example of full-practice is the full-time municipal fire department paramedic.

Full Practice ALS Providers

- Be assigned on a regular basis to an active paramedic unit. Active paramedics should be assigned to a paramedic unit, or paramedic first response unit a minimum of 35% of regular duty days (excluding work-reduction, vacations, etc.) in the standard 27-day cycle.
- Demonstrate skill proficiency by meeting or exceeding benchmarks established by the Medical Director. Individuals with inadequate experience opportunities to maintain skill proficiency (as determined by the Medical Director) may be required to obtain additional educational experience in a manner prescribed by the Medical Director.
- While assigned to an active paramedic unit, all paramedics must rotate through all patient care assignments on a regular basis, spending an equivalent amount of time in each position. Assignment to the positions is designated by Fire Department administration and monitored by Milwaukee County EMS.

Limited Practice ALS Providers

The limited-practice paramedic is defined as: A paramedic who does not routinely provide ALS care yet is licensed within and practices in the Milwaukee County EMS system. Examples would be EMS instructors and Bradley Center paramedics.

- Have attained at least 2 years of full-practice status or its equivalent
- Must complete 48 hours of patient care services annually for the Milwaukee County EMS system. ALS patient care is determined on a case-by-case basis with the individual's scope of practice defined by the Medical Director.

Special Reserve ALS Providers

The special reserve paramedic is defined as: A paramedic who does not provide ALS care in the Milwaukee County EMS system but whose work contributes directly to the benefit of the system. An example of a special reserve paramedic is one who has attained a supervisory or administrative position. The Special Reserve Paramedic:

- Must have attained at least 2 years of full-practice status or its equivalent.
- May only provide ALS patient care if accompanied by a full-practice paramedic.
- Receives prior authorization from the medical director prior to providing ALS care.

Intern ALS, EMT-A, and EMT-B Providers

The Intern EMS Providers is defined as: A provider who has not previously had full practice status in the Milwaukee County EMS system. Examples would be new Milwaukee County EMS Education Center graduates and transfer paramedics, regardless of years of experience. "Transfer paramedic" is defined as any individual whose initial training did not occur at the Milwaukee County EMS Education Center.

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MILWAUKEE COUNTY EMS OPERATIONQL POLICY PRACTICE STATUS AND

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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PRIVILEGES

An ALS provider will be referred to as an "Intern Paramedic" until he or she has met both of the following criteria:

- Completed 12 months with a minimum of 2400 shift work hours on a transporting MED Unit **AND**
- Achieved 50% of the 2-year skill and performance benchmarks.

The Intern Paramedic may only provide ALS patient care if accompanied by a full-practice paramedic.

An EMT-Advanced provider will be considered an intern until performance benchmarks are achieved.

An EMT-Basis provider will be considered an intern until successfully completing their probationary period with the employing EMS agency.

FOR THE GRADUATE PARAMEDIC

A Graduate Paramedic is defined as: An individual who has successfully completed a paramedic education course, has taken the NREMT-P certification examination, and is awaiting the results of the examination.

A graduate paramedic has privileges consistent with a paramedic student. The Graduate Paramedic may perform ALS procedures when accompanied by two licensed paramedics, one of whom must have full practice privileges **AND** at least two years of experience.

INTERRUPTED OR CHANGE IN PRACTICE PRIVILEGE

Any interruption or change in work schedule that may affect a paramedic's practice status must be reported immediately to the Program Director of Milwaukee County EMS. Examples include but are not limited to: injury, illness, family leave, retirement, or change of employer.

Paramedics who have not been active within their classification for a period of more than 90 calendar days must be re-evaluated by the Milwaukee County EMS Education Center prior to returning to patient care duties.

Paramedics who have not been active within their classification for more than 1 calendar year must successfully complete an ALS content evaluation including an infield observation by a member of the Milwaukee County EMS Education staff.

If the interruption from service was due to injury or illness, the paramedic must present documentation that he or she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

REINSTATEMENT OF PRACTICE PRIVILEGE

Paramedics who have not been active on a paramedic unit for a period of more than ninety (90) calendar days must be re-evaluated by the Milwaukee County EMS Education Center. The medical director will determine the individual's status and practice privilege prior to reassignment to a paramedic unit. For individuals who have not been assigned to the paramedic unit secondary to illness or injury, the paramedic must also present documentation that he/she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

Paramedics who have not been active on a paramedic unit for a period of more than one (1) calendar year must successfully complete an ALS Content evaluation including an infield observation by a member of the Milwaukee County EMS Education staff and satisfy any State requirements regarding licensure prior to reassignment to a paramedic unit. For individuals who have not been assigned to the paramedic unit secondary to illness or injury, the paramedic must also present documentation that he/she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

The medical director reserves the right to assign the practice privilege.

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Revision: 9

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
REQUIRED EVALUATION BY**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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A MILWAUKEE COUNTY ALS UNIT

POLICY: If the first responding EMS unit determines after patient assessment, that ALS evaluation, treatment and transport are not required, the responding ALS or ILS unit may be cancelled.

BLS and ILS units must request a Milwaukee County paramedic evaluation for patients meeting the following criteria.

Note: This does not exclude any other patient from assessment by a Milwaukee County paramedic.

1. *An EMT, physician, physician's assistant, or nurse on scene requests ALS/paramedic transport. This does not include transports that meet established criteria for interfacility transports.*
2. Mechanism of injury includes a motor vehicle crash in which:
 - a. Estimated crash impact speed was 40 mph or greater
 - b. Prolonged or complicated extrication was required
 - c. Passenger compartment intrusion is greater than 12 inches
 - d. Another occupant in the same vehicle was killed
 - e. The patient was ejected from the vehicle
 - f. The vehicle rolled over onto the roof
 - g. The patient was on a motorcycle or bicycle with impact speed over 20 mph
 - h. A motorcycle or bicycle rider was thrown from the cycle
 - i. A pedestrian was struck by a motor vehicle
3. The adult patient (12 years or older) fell 20 feet or more OR a pediatric patient (less than 12 years old) fell 10 feet or more
4. Injuries that include:
 - a. Penetrating injury to the head, neck, chest, axilla, abdomen, back, buttocks, pelvis or groin
 - b. Flail chest
 - c. Burns to the face, airway, or body surface area greater than 18%
 - d. Two or more long bone fractures (femur, humerus)
 - e. Amputation above the wrist or ankle
 - f. New-onset paralysis of traumatic origin
5. Glasgow Coma Scale of 13 or less
6. Patient experiencing status or recurrent seizures
7. Suspected tricyclic overdose, regardless of the number taken or present signs/symptoms
8. Pregnant patient at 24 or more weeks gestation with vaginal bleeding
9. Experiencing complicated childbirth with any of the following:
 - a. Excessive bleeding
 - b. Amniotic fluid contaminated by fecal material
 - c. Multiple births
 - d. Premature imminent delivery
 - e. Abnormal fetal presentation (breech)
 - f. Prolapsed umbilical cord
 - g. Newborn with a pulse less than 140
 - h. Newborn flaccid or poor cry
10. Chief complaint of non-traumatic chest pain with any of the following:
 - a. Cardiac history - MI, angina, coronary bypass surgery, angioplasty or valve replacement, arrhythmia, pacemaker, automatic implanted cardiac defibrillator (AICD), bradycardia, tachycardia, heart surgery
 - b. Taking/prescribed two or more cardiac medications
 - c. Diabetes
 - d. Renal failure/dialysis
 - e. Cocaine use within the past 24 hours
 - f. Pain radiation to the neck, jaw or arm
 - g. Diaphoresis
 - h. Nausea/vomiting
 - i. Age 40 and older

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
REQUIRED EVALUATION BY**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P

Approved by: Ronald Pirrallo, MD, MHSA

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A MILWAUKEE COUNTY ALS UNIT

11. Age 50 or older with non-traumatic pain to the neck, jaw or arm and accompanied with any of the following:
 - a. Diaphoresis
 - b. Nausea/vomiting
12. Respiratory distress – Any patient with abnormal respiratory rate or pulse oximetry and any of the following:
 - a. Inability to speak in full sentences (if normally verbal)
 - b. Retractions
 - c. Cyanosis
 - d. Poor aeration
 - e. Accessory muscle use
 - f. Wheezing
 - g. Grunting
13. Abnormal vital signs with associated symptoms
14. History or physical examination reveals a potentially life-threatening situation
15. The BLS, ILS, or ALS private provider has initiated an EMT-Basic advanced procedure and interfacility criteria are not met.
16. Patients in which EMT-Basic advanced skills were initiated; these patients also require ALS transport:
 - a. Administration of albuterol **without** complete relief of symptoms (examples: wheezing, dyspnea)
 - b. Administration of aspirin
 - c. Administration of epinephrine **without** complete relief of symptoms (examples: wheezing, dyspnea, hypotension)
 - d. Assistance in self-administration of nitroglycerin
 - e. Administration of dextrose **without** complete relief of symptoms (example: altered level of consciousness after second dose of dextrose)
17. Known blood glucose level greater than 400 mg/dl. *** BLS providers must request ALS unit for a known blood sugar < 70mg/dl. ILS may treat a blood sugar <70mg/dl***
18. Any infant with a reported incident of an Apparent Life Threatening Event (ALTE), regardless of the infant's current status.

Abnormal Vital Signs

AGE	RESPIRATIONS	PULSE	BLOOD PRESSURE	Room Air Pulse Oximetry
Newborn	Poor cry	<140	CRT > 3 sec	< 94%
<1 year	<30 or >44	<100 or >160	CRT > 3 sec	< 94%
1 – 4 years	<20 or > 40	<90 or > 140	<80 or > 110 systolic	< 94%
5 – 11 years	<16 or >26	<60 or > 120	<80 or > 130 systolic	< 94%
12 – 15 years	<10 or > 28	<60 or > 130	<90 or >140 systolic	< 94%
Adults 16 years and older	<10 or > 28	<51 or > 130	<90 or >220 systolic OR >140 diastolic	< 94%

< means less than

> means greater than

CRT = capillary refill time

Initiated: 12/10/82
Reviewed/revised: 7/1/11
Revision: 19

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
RESPONSE, TREATMENT
AND TRANSPORT**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by:
Page 1 of 1

If any one member of the EMS team, regardless of their team assignment, feels it is in the best interest of a patient to be evaluated and/or transported, the EMS unit will evaluate and/or transport the patient. The level of transport will be determined by patient assessment needs and treatment provided.

Advanced procedures are defined in HFS 110 as: prehospital care consisting of basic life support procedures and invasive lifesaving procedures including the placement of advanced airway adjuncts, intravenous infusions, manual defibrillation, electrocardiogram interpretation, administration of approved drugs and other advanced skills identified in the Wisconsin scopes of practice.

Transport shall be to the closest, most appropriate open receiving hospital, taking into consideration:

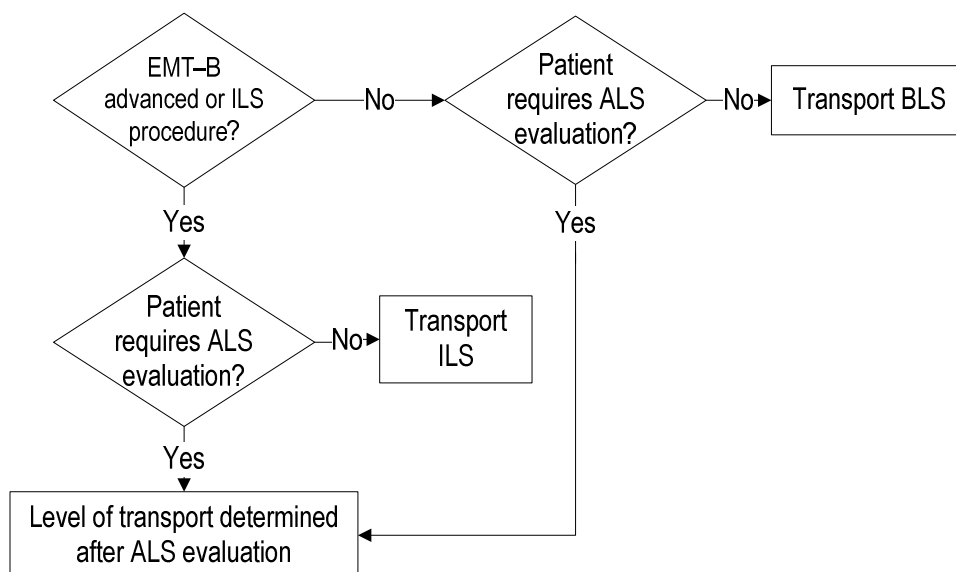
- Patient's medical condition;
- Patient's request;
- Location of regular care, primary medical doctor and/or medical records;
- Insurance/HMO.

Patient needs will dictate transport to a specialty hospital. Documentation on the patient care record should support the decision to transport for specialty care.

Transport from the scene with lights and siren shall only be done when EMS providers are unable to stabilize the patient at the scene.

EMS providers shall never advise a patient that transport to a medical facility for examination by a physician is not necessary, or that the patient may drive or be driven in a private vehicle or by other medically unsupervised means. When a patient refuses ambulance transport, the standard for refusal of treatment/transport should be followed.

If a patient refuses care and/or transport and the EMS response team has doubts regarding that patient's ability to make a rational decision, the appropriate authority should be consulted (medical control, guardian, police, etc.).



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Revision: 15

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ROUTINE OPERATIONS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: Ambulances, kits, equipment will be routinely checked to ensure they are in good working order, completely stocked and clean. Complete patient care documentation includes all information necessary for continuing patient care, billing and electronic data collected by the monitor/defibrillator. All clocks used in the course of patient care (dispatch, monitor, personal wristwatch, EPC, etc.) shall be synchronized to the National Institute of Standards and Technology (NIST) time on a daily basis.

For every patient encounter:

- Complete the patient care record and distribute as directed for continuing patient care, billing, and data collection.

On a daily basis:

- Check and restock all kits and supplies at the beginning of the shift and after every run.
- Ensure that all equipment is in good working order at the beginning of the shift and after every run.
- Maintain the vehicle and equipment in a clean and orderly fashion.
- Return any defective item to the appropriate department for replacement or repair (refer to Equipment Exchange Policy.)
- Count and perform visual inspection of controlled substances; justify with control sheets. Any discrepancy is to be accounted for before the previous shift is relieved. Inability to account for a controlled substance or irregularity in appearance of a medication vial is to be reported immediately to Department Administration.
- Rotate the batteries in the monitor/defibrillator.
- Check Rosetta battery and replace as needed.
- Document that the monitor/defibrillator was checked for:
 - Paper quantity and feed
 - Operations of all controls
 - Operation of defibrillator
 - Non-invasive blood pressure monitor, where applicable
 - Date and time synchronization to NIST time.
- Perform a user test on the monitor/defibrillator and file the test results in the appropriate location.
- Check ETCO2 cable integrity
- Rotate portable radio batteries.
 - Place fully charged battery in the radio.
 - Charge the used battery until the cycle is complete; remove from charger and store.
- Forward EMS run reports to Fire Dept. Administrative offices, who will prep for weekly pick-up by Milwaukee County EMS.
- Upload all patient care information from monitor/defibrillator to the station computer; clear the data card.
- Ensure station computer for uploading ECG monitoring information has the correct date and is synchronized to the atomic clock

On a weekly basis:

- In addition to cleaning the patient area after each run, on the day specified by the fire department, wash the interior of the vehicle, stretcher, stair chair and backboards with phenolic or quaternary compound solution following label directions.
- Clean the exterior and interior vehicle compartments.
- Test the voice and telemetry radio equipment on the assigned day via mobile and portable telemetry radios. Test portable and mobile trunking radios.
- Rotate medications such that waste due to expiration does not occur.

On a biweekly basis:

- On the day determined by the fire department, inventory all supplies and check expiration dates. Prepare a list of needed items.
- Complete the supply order form and e-mail to the Milwaukee County EMS offices before Friday prior to delivery date.
- Receive, check, and store supplies. Rotate stock. Notify EMS Stores Clerk of any discrepancies.

On a monthly basis:

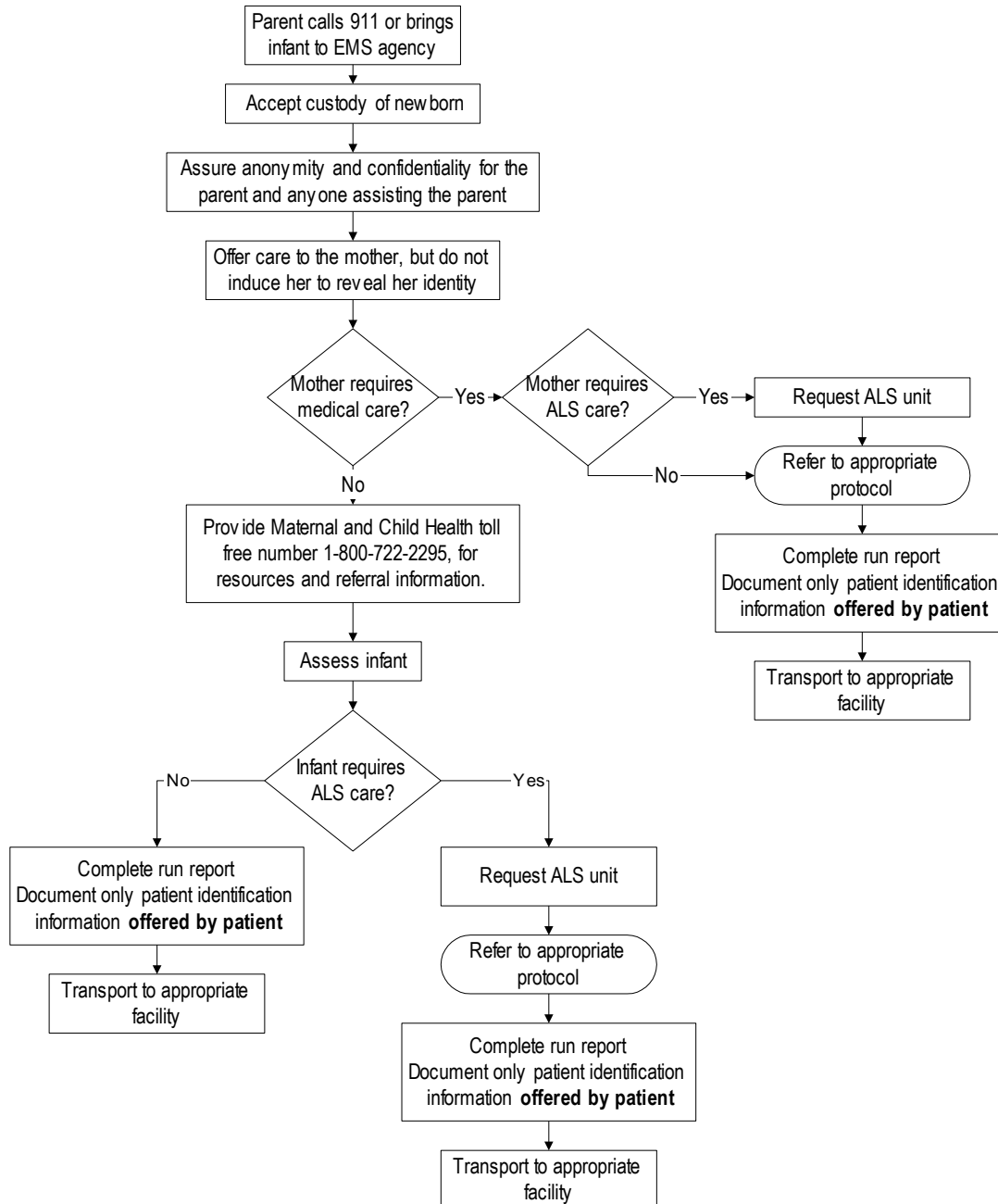
- On the day specified by the fire department, remove all contents of the kits. Check the expiration dates on all medications and fluids. Return expired medications to the Milwaukee County EMS Stores Clerk. Wash out the kits with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- On the day specified by the fire department, remove all medications and fluids from vehicle stock, checking expiration dates. Return expired medications to the Milwaukee County EMS Stores Clerk. Expired controlled substances must be returned with corresponding paperwork immediately. Wipe out compartments with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- As scheduled, discharge and recharge all monitor/defibrillator batteries as per manufacturer operational instructions listed in the manufacturer's manual. Any battery with levels of less than 70% displayed after 3 discharge-charge cycles should be brought to the EMS Supervisor for replacement. Note the battery results on the back of each battery.

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
SAFE PLACE FOR NEWBORNS**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

POLICY: Milwaukee County EMS providers will accept custody of and provide a safe place for unwanted newborn infants.



Notes:

- Wisconsin 2001 Act 2, Safe Place for Newborns legislation **guarantees** the parent relinquishing custody of the child **the right to remain anonymous**.
- No person may induce or coerce or attempt to induce or coerce a parent or person assisting a parent who wishes to remain anonymous into revealing his or her identity.
- It is **mandatory** for the EMS provider to offer the Maternal and Child Health toll free number (1-800-722-2295), although the parent may refuse the information.

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Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
SCOPE OF PRACTICE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD MHSA
Page 1 of 4

POLICY:

The Milwaukee County EMS System is designed to provide the highest level of emergency care allowed by the state during the initial patient care contact by the first arriving unit. Each level has specific education and licensing requirements. EMS providers may practice to the level of their licensure as outlined within the Milwaukee County community standard of care.

All EMS response vehicles in the Milwaukee County EMS System must be equipped as specified in Wisconsin DOT Chapter Trans 309 to promote safe, efficient emergency transportation for the sick, injured and disabled.

Inclusive of Trans 309 requirements, Milwaukee County EMS providers must carry age appropriate equipment and supplies to provide care and treatment at their designated scope of practice. Each responding unit must also carry a minimum number of medication doses, as defined by the Medical Director of Milwaukee County EMS.

DEFINITIONS:

All EMS response vehicles will be staffed with at least one EMT-B. An EMT-B is licensed under Wisconsin Department of Health and Social Services Chapter HFS 110 to administer basic life support and to properly care for and transport sick, disabled or injured individuals.

Some EMS response vehicles will be staffed with an Advanced EMT (referred to as an EMT -IV Technician throughout the remainder of this document). An EMT- IV Technician is licensed under Wisconsin Department of Health and Social Services Chapter HFS 110 to administer basic life support and additional skills and medications defined in the Wisconsin EMS Scope of Practice and contained in the training course required to be licensed as an EMT IV Technician. The EMTIV Technician may obtain IV access or administer IV medications as directed by system protocol.

Advanced procedures are defined in HFS 110 as: prehospital care consisting of basic life support procedures and invasive lifesaving procedures including the placement of advanced airway adjuncts, intravenous infusions, manual defibrillation, electrocardiogram interpretation, administration of approved drugs and other advanced skills identified in the Wisconsin scopes of practice.

Some units will be staffed with a single paramedic (Paramedic First Responder or PFR). A PFR is defined as the first paramedic arriving on scene in a vehicle other than a transporting Milwaukee County Paramedic Unit, who provides the initial patient assessment and care. The PFR is authorized to practice at the full paramedic level when the responding Milwaukee County ALS unit arrives on scene.

Designated paramedic units will be staffed at all times with at least two EMT-Ps. An EMT-P is licensed under Wisconsin Department of Health and Social Services Chapter HFS 110 to perform the functions specified in Wisconsin EMS Scope of Practice relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the handling and transporting of sick, disabled or injured persons.

All EMS providers will be assigned a practice privilege and will be required to meet the criteria set to maintain that privilege.

NOTE: Drug administration routes enclosed in brackets [ET] may only be administered at the EMT-P First Responder or Paramedic level

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
SCOPE OF PRACTICE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD MHSA
Page 2 of 4

PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM ILS UNIT DOSES	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT-B An EMT-B is authorized to perform the skills and administer the medications listed to the right. All Milwaukee County EMS units responding at the EMT-Basic level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	BLS patient care assessment				
	Albuterol, nebulized	Albuterol	1	1	1
		Nebulizer			
	Ammonia inhalant	Ammonia Inhalant	1	1	3
	Aspirin	Aspirin	1	1	10
	Automated external defibrillation	Automatic External Defibrillator			
	Blood glucose level analysis	Alcohol preps			
		Blood glucose monitoring unit			
		Blood glucose test strips and lancet devices			
	King Airway	King Airway			
	Epinephrine 1:1000 for patients in anaphylactic shock, IM	Epinephrine 1:1000	1	1	2
		1cc syringe if no Epi Pen			
	Glucagon, IM	Glucagon	1	1	1
	Glucose (oral)	Glucose (oral)			
	MARK I Autoinjector, IM	DuoDote Autoinjector	1	1	1
	Oxygen administration				
		Laryngoscope handle & blades			
		Laryngoscope spare bulbs			
		Magill forceps			
		Water soluble lubricant			
		20 cc syringe			
		60 cc syringe			
	Pulse oximetry (if the equipment is available)	Pulse oximetry (if the equipment is available)			

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
SCOPE OF PRACTICE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD MHSA
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PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM ILS UNIT DOSES	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT- IV Tech An EMT IV Tech is authorized to perform all of the above skills with the addition of the skills listed to the right . In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-IV Tech level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	Peripheral IV access	Angiocaths (14, 16, 18, 20, 22, 24 gauges)			
	Intraosseous access [IV medications]	Intraosseous drill and needles (adult, pediatric and bariatric)			
		Carpusject holder			
		IV Tourniquets			
		IV extension tubing			
		Macro drip			
		Mini drip			
		Normal Saline, Carpuject, 2cc			
		Normal Saline – 250 cc			
		Normal Saline – 1000 cc			
		Sharps container			
		Transpore tape			
	D5W, 100 ml, IV, IO	D5W, 100 ml	1	1	3
	Normal saline, IV, IO	Normal saline, IV	1	1	1
	Dextrose 50%, IV, IO, Oral	Dextrose 50%, IV	1	1	2
	Naloxone, IV, IM IO, [ET]	Naloxone, IV or IM	1	1	1
	Nitroglycerine spray	Nitroglycerine spray	1	1	1

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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
SCOPE OF PRACTICE**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
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Page 4 of 4

PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM ILS UNIT DOSES	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT-P First Responder A PFR is authorized to perform all of the above skills with the addition of the skills listed to the right. In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-PFR level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	ALS assessment for turndown purposes				
	Endotracheal intubation	Endotracheal tubes (sizes 3.0 – 9.0)			
		Endotracheal tube holder			
		Stylet – adult and pediatric			
	12 lead ECG (if the equipment is available)	Rosetta and voice radios			
	Adenosine , IV, IO	Adenosine		1	4
	Amiodarone, IV, IO	Amiodarone		2	3
	Atropine, IV, IO, ET	Atropine		1	3
	Diphenhydramine, IV or IM	Diphenhydramine		1	2
	Epinephrine 1:10,000, IV, IO, ET	Epinephrine 1:10,000		1	5
	Thoracostomy				
EMT-P An EMT-P, responding on a fully staffed ALS unit, is authorized to perform all of the above skills with the addition of the skills listed to the right. In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-P level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.		Swivel adapter, 15 mm			
		AED with monitoring capabilities			
	Calcium chloride, IV, IO	Calcium Chloride		0	2
	Dopamine, IV, IO	Dopamine		0	1
	End-tidal CO2	End-tidal CO2			
	Lidocaine, IV, IO, ET	Lidocaine		0	3
	Midazolam, IV, IM	Midazolam		0	3
	MARK IV Autoinjector, IM	MARK IV Autoinjector	0	0	1
	Fentanyl, IV, IM, IO, IN	Fentanyl sulfate		0	1
	Nasogastric tube insertion	Nasogastric tubes			
	Pericardiocentesis	Pericardiocentesis needles			
	Tracheostomy care				
	Synchronized cardioversion				
	Sodium bicarbonate, IV, IO	Sodium bicarbonate		1	1

Initial: 9/23/94	MILWAUKEE COUNTY EMS OPERATIONAL POLICY STANDARDS OF PRACTICE; ROLES AND RESPONSIBILITIES	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/revised: 2/16/11		Approved by: Ronald Pirrallo, MD, MHSA
Revision: 3		Page 1 of 4

The mission of Milwaukee County EMS is to provide performance excellence in prehospital care through education, communication, operations, information and quality management, and scientific discovery.

I. Medical Control: It is the responsibility of the Emergency Medical Services Medical Director to:

- Assure that initial training to Emergency Medical Technicians meets the standards established by the State of Wisconsin and the EMS medical community.
- Provide continuing education to maintain knowledge and skill levels.
- Establish General Standards of Care, Medical Protocols, Standards for Practical Skills and Operational Policies and Medical Standards for Special Operations to define and guide professional practice.
- Supervise and evaluate individuals licensed within the system.
- Provide access to additional training or other support services as needed.
- Actively seek solutions to issues identified through the Quality Improvement process.
- Take appropriate corrective actions upon identification of activities by individuals that negatively impact on the EMS system and/or patient care.

II. EMS Provider: It is the responsibility of each individual provider to:

- Attain and maintain knowledge and skills necessary to safely practice as a licensed provider in the Milwaukee County System.
- Provide medical care within the scope of practice with the needs of the patient as the primary concern.
- Accept personal responsibility for maintenance of professional standards.
- Provide emergency medical services as outlined in Standards of Care, Medical Protocols, Standards for Practical Skills Operational Policies and Medical Standards for Special Operations of the Milwaukee County EMS System.
- Conduct his/her practice in a manner that reflects positively on self, peers, the employing agency and Milwaukee County EMS.

III. Performance Improvement process and mechanisms to identify issues and seek solutions

Evaluation and assessment of the quality of care provided to the public and of the individual practitioner in the Milwaukee County EMS System will be conducted on a regular basis. This includes, but is not limited to standards of care and protocol compliance monitoring.

Initial: 9/23/94	MILWAUKEE COUNTY EMS OPERATIONAL POLICY STANDARDS OF PRACTICE; ROLES AND RESPONSIBILITIES	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/revised: 2/16/11		Approved by: Ronald Pirrallo, MD, MHSA
Revision: 3		Page 2 of 4

GOAL	MECHANISM
To encourage communication of the strengths and weakness of the system and to search for improvements	<ul style="list-style-type: none"> • Provide an accessible Suggestion Box for members to deposit comments and ideas on improving patient care • Advertise and encourage System feedback via the Incident line at the Milwaukee County EMS Offices (414) 257-6663.
To monitor the current status of the system	<ul style="list-style-type: none"> • Retrospective patient care record review • Retrospective review of Medical Command Form • Retrospective peer review of tapes and patient care records • Development and dissemination of patient questionnaire
To provide feedback on system and individual performance	<ul style="list-style-type: none"> • Statistical reports on patient interactions • Field evaluations • Continuing education conferences • Refresher courses • Return of peer review of tapes and patient care records to originator of the record for feedback •
To plan for and implement system improvement	<ul style="list-style-type: none"> • Focused audits to identify issues • Continuing education conferences • Participation in prehospital research • New product evaluations

IV. Due Process

Upon identification of a potential problem or upon receipt of a complaint regarding provision of prehospital care or the action of any individual(s) licensed within the Milwaukee County EMS System, it is the responsibility of the Medical Director and/or Program Director or his/her designee to investigate the allegations impartially and completely. Issues dealing with fire department policy need to be addressed with that fire department in accordance with their department procedures.

FACT-FINDING PHASE

All complaints or allegations must involve a *specific* incident(s) and may be entered by any individual or organization. Any individual named in a complaint has the right to all information obtained by Milwaukee County EMS, including the source of the complaint. Fact-finding activities will begin within two (2) working days* of the receipt of the complaint and should be completed within 14 days from initial notification of the incident. The Quality Manager or his/her designee is responsible for the initial contacts and collection of information.

*A "working day" is defined as a normal business day of Monday through Friday exclusive of State or Federal Holidays.

Initial: 9/23/94
Reviewed/revised: 2/16/11
Revision: 3

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
STANDARDS OF PRACTICE;
ROLES AND RESPONSIBILITIES**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
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Fact-finding activities will include contact with the complainant for additional information as necessary and telephone or personal contact with the EMS provider(s) involved.

The EMS provider(s) will be informed of the specific complaint and the individual or organization who brought the problem to the attention of Milwaukee County EMS.

The EMS provider(s) will respond verbally, providing such information as necessary to clarify or resolve the issues. Written replies may be requested by the Quality Manager and must be completed and submitted within 9 calendar days.

Information will be reviewed by the Medical Director and/or Program Director or his/her designee.

Any report classified as either *Educational* or *Disciplinary* will advance to the reconciliation phase.

An Education Issue is one in which it is perceived that the complaint/problem was created by a lack of understanding of academic foundation, Standard of Care, Medical Protocol(s) or System Policy(ies).

A Disciplinary Issue is one in which there is willful or repeated violation of a Standard of Practice, Medical Protocol or System Policy where the EMS provider has the appropriate academic foundation and/or has received remedial education regarding the Standard, Protocol or Policy.

RECONCILIATION PHASE

For Educational Issues, the EMS provider(s) involved will be notified by letter of the results of the fact-finding.

- The letter will be sent to the EMS provider's home address on file at the MC EMS offices.
- If, in the judgment of the Medical Director, the facts of the situation warrant a meeting to review academic material or policies/procedures, the EMS provider(s) will be instructed in the above letter to contact the Medical Director's office to arrange a meeting date and time.
- If the EMS provider(s) fails to contact the Medical Director within five (5) days of the date the letter was mailed, the Medical Director or designee will call the EMS provider at his/her place of employment to verify receipt of the letter and to schedule the educational session.
- The educational session will be conducted by the Medical Director or his/her designee. The time and place of the session will be established when the EMS provider calls the Medical Director but must be scheduled within five (5) working days of the call.

Initial: 9/23/94	MILWAUKEE COUNTY EMS OPERATIONAL POLICY STANDARDS OF PRACTICE; <u>ROLES AND RESPONSIBILITIES</u>	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/revised: 2/16/11		Approved by: Ronald Pirrallo, MD, MHSA
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- Failure to respond to the letter and telephone contact or refusal to attend a scheduled educational conference will be reported, verbally and in writing, to the EMS Liaison of the employing fire department accompanied by a request for formal action by the department. That report will contain the details of the complaint, the results of the fact finding and the documentation of contact with the EMS provider(s) involved.
- A copy of the fact-finding letter and a summary of the educational session will be kept on file at the Milwaukee County EMS offices.

In Disciplinary Issues, the EMS provider(s) involved will be notified by letter of the results of the fact-finding.

- The letter will be sent to the EMS provider's home address on file at MC EMS. A copy of that letter will be sent to the EMS Liaison of the employing fire department with a cover letter from the Medical Director requesting disciplinary action.
- The Medical Director retains the right to impose sanctions on the practice of any individual, including limits placed on patient contact from the start of the fact-finding phase through the disciplinary action of the employing fire department, if a potential risk to public safety is alleged.

Actions requested of the EMS Liaison of the employing fire department by the Medical Director may include but are not limited to:

- No disciplinary action indicated.
- Monitoring of performance for a specified time including specifics of who will do the monitoring and the evaluation tools employed to monitor progress.
- Counseling including specific issues of concern, improvement expected and the evaluation process to be used to determine progress.
- Written reprimand to the individual with copies to the employing agency and the EMS provider's file at the MC EMS offices.
- Probation with specifics of the conditional terms under which the EMS provider may continue to practice, the time of reviews and the behavioral changes expected with the evaluation tools to be used to monitor progress.
- Suspension from EMS provider duties.
- Withdrawal of Medical Control with written notification of the employing agency and the State of Wisconsin, EMS Section, that the Milwaukee County EMS System will no longer accept any medical responsibility for the actions of the individual.

Records of complaints, results of the investigations and the actions taken will be retained on file at Milwaukee County EMS. EMS provider and patient confidentiality are mandatory.

Initiated: 12/10/82
Reviewed/revised: 2/16/11
Revision: 31

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
TRANSPORT DESTINATION**

Approved by: Ronald Pirrallo, MD, MHSA
Reference:
Page 1 of 1

POLICY: Patients are to be transported to the closest, most appropriate, open receiving hospital, taking into consideration:

- Patient's medical condition;
- Patient's request;
- Location of regular care, primary medical doctor and/or medical records;
- Insurance/HMO.

Patients in need of specialty care should be transported to the closest appropriate receiving facility, based on the following information:

Medical Emergencies :		
Aurora: Grafton Sinai St. Luke's – Milwaukee St. Luke's – South Shore West Allis Memorial/Women's Pavilion Children's Hospital and Health System Children's Hospital of Wisconsin	Columbia St. Mary's (CSM): Milwaukee Ozaukee Froedtert Health: Community Memorial Froedtert ProHealth Care: Waukesha Memorial	Wheaton Franciscan Healthcare (WFH): All Saints (Racine) Elmbrook Memorial Franklin St. Francis St. Joseph The Wisconsin Heart Hospital Zablocki VA Medical Center (VA)
Patient Assessment:	Specialty Hospital:	
STEMI (Acute MI per pre-hospital ECG)	Transport to the closest, most appropriate, open hospital except: Elmbrook Memorial, St. Luke's – South Shore, West Allis Memorial, VA, WFH - Franklin	
ROSC	Transport to the closest, most appropriate, open hospital except: Elmbrook Memorial, St. Luke's – South Shore, West Allis Memorial, VA, WFH - Franklin	
Need for Trauma Center evaluation Burns and/or possible CO poisoning WITH major/multiple trauma	Children's Hospital of Wisconsin Froedtert Hospital	
Possible CO poisoning with altered mental status, WITHOUT burns/major trauma	Transport to the closest: St. Luke's - Milwaukee CSM – Milwaukee	
Significant burns (thermal, chemical or electrical) <i>with or without</i> possible CO poisoning WITHOUT major trauma	CSM - Milwaukee	
Other hyperbaric (air embolism, decompression disease, bends)	Transport to the closest: St. Luke's - Milwaukee CSM - Milwaukee	
Major pediatric illness/injury	Children's Hospital of Wisconsin	
Pediatric burns (Age <8)	Children's Hospital of Wisconsin	
Unstable newborns	Transport to the closest Neonatal Intensive Care Unit: Children's Hospital of Wisconsin	St. Joseph CSM - Milwaukee All Saints - Racine
Sexual assault - WITHOUT co-existing life threatening condition	Adults (age 18 and over): Sinai West Allis Memorial Emergency Department	Children (under age 18): Children's Hospital of Wisconsin
OB patients in labor	1. Facility where patient received their prenatal care is preferred. Hospitals never close to women in labor. <i>For gestational age less than 24 weeks, patient will be evaluated in ED. If hospital where she received prenatal care is closed, transport to an open ED.</i> 2. For imminent delivery, transport to the closest hospital, except VA, St. Luke's – Milwaukee, St. Luke's - South Shore, WFH - Franklin	
Psychiatric Emergencies: Medical clearance needed No medical clearance needed/patient is at high risk for harm to self or others, and/or is behaviorally disruptive (should be placed on Emergency Detention) No medical clearance needed/patient is at low risk for harm to self or others (police involvement not required)	Closest Emergency Department Psychiatric Crisis Service of Milwaukee County Behavioral Health Division (PCS) 1. If patient is seen in the Milwaukee County Behavioral Health system (MCBHD), transport to the Psychiatric Crisis Service (PCS) center on a voluntary basis 2. If not a patient of MCBHD, transport to closest ED for mental health evaluation	

NOTES:

- No patient should be transported to a closed hospital under any circumstances.
- Hospitals providing specialty services never close to their specialty.
- WITrac will post transport instructions for extenuating circumstances

Initial: 12/10/82
Reviewed/revised: 5/10/00
Revision: 6

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
UNIFORMS**

Approved by: Patricia Haslbeck, MSN, RN
Approved by: Ronald Pirrallo, MD, MHSA
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The uniform of an individual functioning within the Milwaukee County Paramedic System shall be the uniform as specified by the employing fire department plus a short sleeved, front-zippered white laboratory jacket with the pertinent fire department patch attached to the left sleeve and the Milwaukee County Paramedic patch attached to the right sleeve.

Each paramedic student is issued three (3) white uniform jackets upon entrance to the Paramedic Education Program. After successful completion of the Paramedic Educational Program and the State Board Licensing examination, the paramedic graduate will receive three (3) paramedic patches at commencement. Any additional uniform jackets or patches can be purchased from Milwaukee County EMS at cost. The paramedic patch cannot be given or sold to any other person or agency or attached to any garment other than the white uniform top and the fire department outwear jacket.

White uniform jackets with appropriate patches are to be worn on all medical (EMS) responses unless special circumstances dictate otherwise (e.g. extrication problems, fires). It is the responsibility of the paramedic to maintain the uniform jacket in a clean and neat condition. Should a white uniform jacket become damaged or permanently stained, the paramedic is required to obtain a replacement jacket. The white uniform jacket should be purchased through Milwaukee County EMS to maintain Countywide consistency.

In addition to the white uniform jacket the paramedic shall have in his/her possession the following items:

- Stethoscope
- Scissors*
- Penlight*
- Gloves, mask, eyewear/face shield *(personal protective equipment to prevent exposure to blood and body fluids).
- Watch or time-keeping device.

One member of the team should have a pocket mask immediately available so mouth-to-mouth resuscitation is never done.

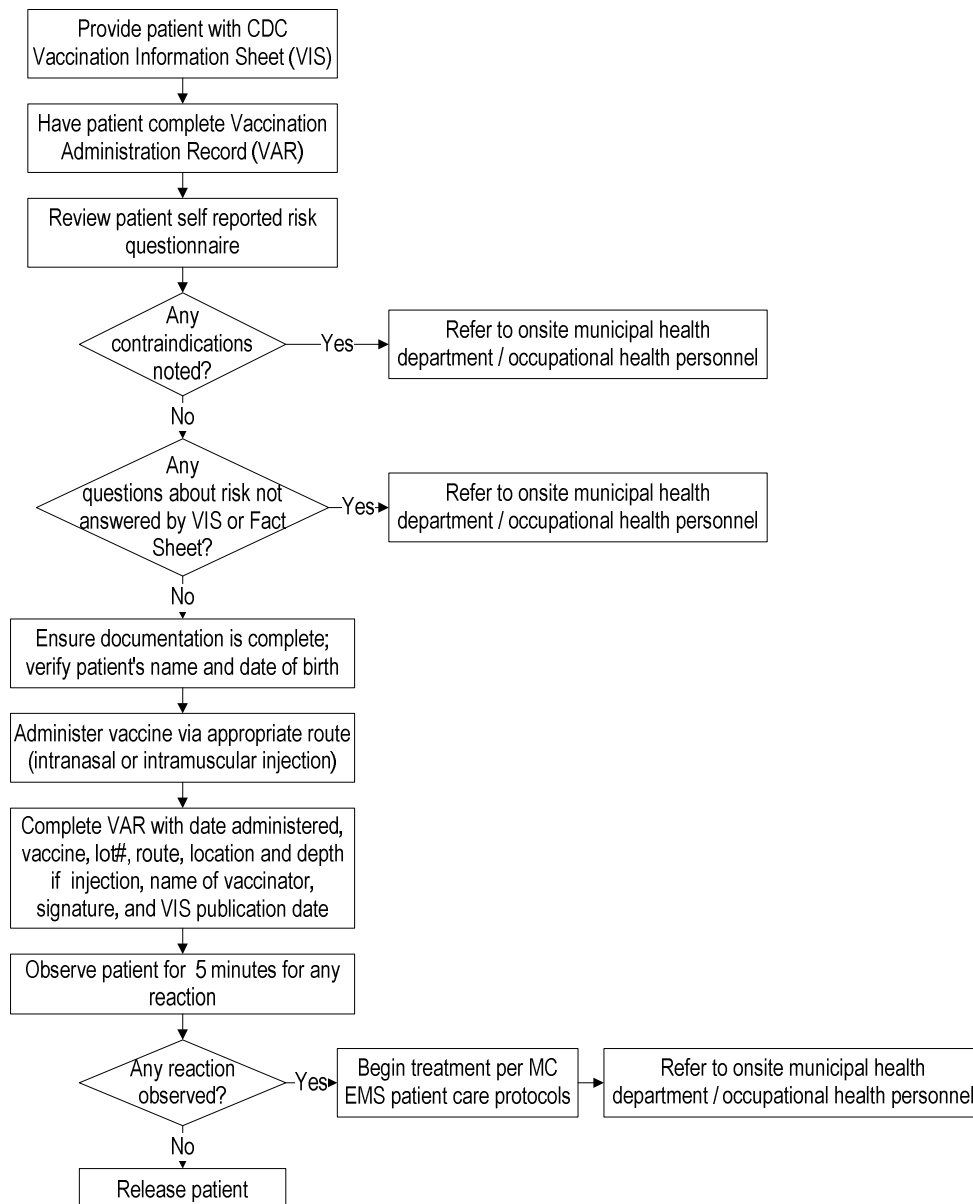
* Initially supplied by the Milwaukee County EMS and will be replaced without cost only if damaged during authorized use.

Initiated: 2/17/10
Reviewed/revised: 7/1/11
Revision:

**MILWAUKEE FIRE DEPARTMENT
OPERATIONAL POLICY
VACCINE ADMINISTRATION**

Approved by: Ronald Pirrallo, MD, MHSA
WI EMS Approval Date:
Page 1 of 1

Policy: Vaccines may be administered at sites outside of municipal health department (MHD) clinics under special circumstances, as approved by the Immunization Program Manager. A municipal fire department is an approved off site location for immunization administration.



NOTES:

- Vaccinations will be administered only as part of an approved program in cooperation with public or occupational health services.